2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000111249

1. Entity Name
SH INDUSTRIES CORP.

FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
P.O.BOX 940674 MIAMI, FL 33194	P.O.BOX 940674 MIAMI, FL 33194

04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0300906
☐ Applied For
☐ Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAGEN, KEVIN L
3531 GRIFFIN RD
FT LAUDERDALE, FL 33312

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc... the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000549603
05/13/06-80030-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	PERNAS, SERGIO
STREET ADDRESS	P.O.BOX 940674
CITY-ST-ZIP	MIAMI, FL 33194
TITLE	DVT
NAME	PERNAS, HEATHER
STREET ADDRESS	P.O.BOX 940674
CITY-ST-ZIP	MIAMI, FL 33194
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/06 (305) 554-4908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #