

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007529

Entity Name: SHARK SIGNS INC

FILED  
Mar 21, 2005  
Secretary of State

## Current Principal Place of Business:

2771 RIVERSIDE DR APTD 417  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

5197 NW 15TH STREET  
105  
MARGATE, FL 33063

## Current Mailing Address:

2771 RIVERSIDE DR APTD 417  
CORAL SPRINGS, FL 33065

## New Mailing Address:

5197 NW 15TH STREET  
105  
MARGATE, FL 33063

FEI Number: 20-0605682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUEVARA, ENRIQUE  
630 S.R. 7  
MARGATE, FL 33068 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JARAMILLO, LINA MARIA  
Address: 2771 RIVERSIDE DR APTD 417  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: CALA, GUSTAVO  
Address: 2771 RIVERSIDE DR APTD 417  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JARAMILLO, LINA MARIA  
Address: 2401 NW 89TH DRIVE #808  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Change ( ) Addition  
Name: CALA, GUSTAVO  
Address: 2401 NW 89TH DRIVE #808  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO CALA

D

03/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date