
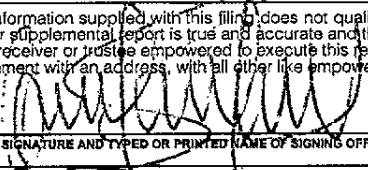


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 A
Secretary of State

DOCUMENT # P04000007529 1. Entity Name SHARK SIGNS INC		
Principal Place of Business 5197 NW 15TH STREET 105 MARGATE, FL 33063		Mailing Address 5197 NW 15TH STREET 105 MARGATE, FL 33063
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GUEVARA, ENRIQUE 630 S.R. 7 MARGATE, FL 33068		DO NOT WRITE IN THIS SPACE
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 accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JARAMILLO, LINA MARIA 2401 NW 89TH DRIVE #808 CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALA, GUSTAVO 2401 NW 89TH DRIVE #808 CORAL SPRINGS, FL 33065	
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		
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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		GUSTAVO CALA Date 5-1-06 Daytime Phone # 954-974-6400



05032006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0605682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/22/06-80001-007 150.00

**DO NOT WRITE
IN THIS SPACE**