

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 22, 2007 08:00 AM  
Secretary of State

DOCUMENT # P04000026712

1. Entity Name  
SHI FAMILY, INC.



Principal Place of Business  
17503 PRESERVE WALK LN  
STE C  
TAMPA, FL 33647--325

Mailing Address  
17503 PRESERVE WALK LN  
STE C  
TAMPA, FL 33647--325



02092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0698122

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SHI, LI XIN  
18001 RICHMOND PLACE DR.  
APT#232  
TAMPA, FL 33647

**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 X. Li XIN SHI  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SHI, LI XIN  
STREET ADDRESS 18001 RICHMOND PLACE DR. APT#232  
CITY-ST-ZIP TAMPA, FL 33647

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000642500  
03/01/07-80046-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: X. Li XIN SHI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #