


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90158 018 \*\*\*150.00

<b>DOCUMENT # P04000028044</b> 1. Entity Name <b>SHANA PROPERTIES, INC.</b>	
---	---

Principal Place of Business <b>205 WORTH AVENUE SUITE 303 PALM BEACH, FL 33480 US</b>	Mailing Address <b>205 WORTH AVENUE SUITE 303 PALM BEACH, FL 33480 US</b>
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	04292008 Chg-P CR2E034 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number <b>20-0720740</b>
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

Applied For	Not Applicable
-------------	----------------

<b>6. Name and Address of Current Registered Agent</b>  BRIAN, PHILIPPE J 205 WORTH AVENUE SUITE 303 PALM BEACH, FL 33480	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City
--	--

**FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT RAPPEL, JACQUES <input type="checkbox"/> Delete	TITLE	DPT RAPPEL JACQUES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7090 TRADITION COVE LANE E	NAME	205 WORTH AVENUE SUITE 303
STREET ADDRESS	WEST PALM BEACH, FL 33412	STREET ADDRESS	PALM BEACH FL 33480-4618
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP RAPPEL, SHIRLEY-ANNE <input type="checkbox"/> Delete	TITLE	VP RAPPEL, SHIRLEY-ANNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7090 TRADITION COVE LANE E	NAME	205 WORTH AVENUE, SUITE 303
STREET ADDRESS	WEST PALM BEACH, FL 33412	STREET ADDRESS	PALM BEACH, FL 33480-4618
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S BRIAN, PHILIPPE J <input type="checkbox"/> Delete	TITLE	
NAME	205 WORTH AVENUE SUITE 303	NAME	
STREET ADDRESS	PALM BEACH, FL 33480	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Philippe J. Brian Secretary 04/29/08 561 214 4445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #