## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90237 046 \*\*\*150.00

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DOCUMENT # P04000089680  1. Entity Name					04-25-2005 9	90237 046 ***150	0.00
SHANTE CORPORATION							
Principal Place of Business		Mailing Address					
4315 NW 7TH STREET #40		4315 NW 7TH STREET #40			20043955		
MIAMI, FL 33126		MIAMI, FL 33126		'	2001000		
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052005	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Numb	er	l IAn	plied For
,					1224575	<b>├</b>	t Applicable
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add	
6. Name and Address of Current Registered Agent				7. Name and	Address of New Re	egistered Agent	
PLAZAS, RAFAEL N			Name				
	RAFAEL 7TH STREET #40		Street Addr	ess (P.O. Box Numb	er is Not Acceptable	)	
MIAMI, FL 33126							
							_
City						FL Zip Code	ė
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 Signature, typed or printed farme of registered agents and title applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
7	Ŷ						-n1-
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contril		\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS.	I /CHANGES TO OFFII	CERS AND DIRECTORS	S IN 11
TITLE	PD	· Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME	PLAZAS, RAFAEL		NAME				
STREET ADDRESS CITY-ST-ZIP	4315 NW 7TH STREET #40 MIAMI, FL 33126		STREET ADDRESS CITY-ST-ZIP				
TULE	CSD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	GUZMAN, PATRICIA	and busine	NAME			Griange	☐ Addition
STREET ADDRESS	4315 NW 7TH STREET #40		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33126	<del></del>	CITY-ST-ZIP				
NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	j	•	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			наме			-	İ
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
		CT Delete					☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 accordate and the Larry 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 peport 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: <

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME TO SIGNING OFFICER OR DIRECTOR

☐ Defete

APRIL-18/05

Daytime Phone #

☐ Change

Addition