


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000111783
 1. Entity Name
 SHOP FOR MEDIA, CORP.



Principal Place of Business Mailing Address
 8357 NW 68TH ST. 8357 NW 68TH ST.
 MIAMI, FL 33166 US MIAMI, FL 33166 US



03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-1430246 Not Applicable

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

6. Name and Address of Current Registered Agent
 NETO, LEVI D
 915 NW 1ST AVE., #L-306
 MIAMI, FL 33136

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	ALENCAR, SAYONARA B
STREET ADDRESS	18728 SW 28TH STREET
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	VP
NAME	NETO OLIVEIRA, LEVI D
STREET ADDRESS	4520 NW 107 AVE# 201
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	S
NAME	TIAGO, MARCIA
STREET ADDRESS	18530 SW 52ND ST
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	T
NAME	PEREIRA, JOSE E
STREET ADDRESS	18530 SW 52ND STREET
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000521105
 05/02/06-80119-020 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  04/17/06 305 599 9251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #