


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

08-04-2005 90003 030 ***158.75

DOCUMENT # P04000137004 1. Entity Name SHUKI13 INC																			
Principal Place of Business 11538 7TH LANE NORTH 1305 SAINT PETERSBURG, FL 33716		Mailing Address 11538 7TH LANE NORTH 1305 SAINT PETERSBURG, FL 33716																	
2. Principal Place of Business 10416 Roosevelt Blvd N Suite, Apt. #, etc. Suite 268 City & State St. Petersburg, FL Zip 33716		3. Mailing Address 10416 Roosevelt Blvd N Suite, Apt. #, etc. Suite 268 City & State St. Petersburg, FL Zip 33716																	
4. FEI Number 201695257		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent MITOV, IVAYLO 11538 7TH LANE NORTH 1305 SAINT PETERSBURG, FL 33716		7. Name and Address of New Registered Agent Name Mitov, Ivaylo Street Address (P.O. Box Number is Not Acceptable) 10416 Roosevelt Blvd N Suite 268 City St. Petersburg FL Zip Code 33716																	
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 <u>IMITOV</u> DATE 08-01-05 <small>Signature typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">OWNER <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>IVAYLO MITOV</td> </tr> <tr> <td>STREET ADDRESS</td> <td>10416 ROOSEVELT BLVD N Suite 268</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>St. Petersburg, FL 33716</td> </tr> </table>		TITLE	OWNER <input type="checkbox"/> Delete	NAME	IVAYLO MITOV	STREET ADDRESS	10416 ROOSEVELT BLVD N Suite 268	CITY - ST - ZIP	St. Petersburg, FL 33716	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	OWNER <input type="checkbox"/> Delete																		
NAME	IVAYLO MITOV																		
STREET ADDRESS	10416 ROOSEVELT BLVD N Suite 268																		
CITY - ST - ZIP	St. Petersburg, FL 33716																		
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
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 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: <u>IMITOV</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>08-01-2005</u> <small>Daytime Phone #</small>																	

66027123



08012005 Chg-P CR2E034 (10/03)

ATTACHMENT

PD4000137004
66027123!

Shuki 13 Inc
Ivaylo Mitov
10416 Roosevelt Blvd. N
Saint Petersburg FL 33716
727-504-5600

To Whom it may concern,

Dear Sir or Madam,

The reason I have not file my annual report is because I have changed my address and there was a problem with my mail and I have never received the original letter. I hope this won't happen again.

Thank you

Sincerely



Ivaylo Mitov
Owner