

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90211 007 ***150.00

DOCUMENT # P05000030276
1. Entity Name
SHANTA & RICHIE WEST INDIAN SHOPPE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8403 PINES BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FL		City & State	
Zip 33024	Country	Zip	Country

40067670

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2385751		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SHANTA D'AGUIAR

Street Address (P.O. Box Number is Not Acceptable)
8403 PINES BLVD

City
PEMBROKE PINES, FL

FL Zip Code
33024

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 Shanta D'Aguiar
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHANTA D'AGUIAR 8403 PINES BLVD PEMBROKE PINES, FL 33024
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IN THIS SPACE**

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

SIGNATURE: Shanta D'Aguiar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-06 954-433-4500
Date Daytime Phone #