2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2007 8:00 am Secretary of State DOCUMENT # P05000034359 03-19-2007 90056 002 ***158.75 1. Entity Name SHINCO INC. Principal Place of Business Mailing Address 40036899 8583 NW 54-STREET --3401 N COUNTRY CLUB DRIVE MIAMI-FL 33166 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8579 NW Rand Street Suite, Apt. #, etc Suite, Apt. #, etc. 03082007 CR2E034 (12/06) Chg-P City & State , Applied For City & State 4. FEI Number Miami 20-2460123 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUENO, GLORIA E Street Address (P.O. Box Number is Not Acceptable) 3401 N COUNTRY CLUB DRIVE # 405 AVENTURA, FL 33180 City 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. 3/09/07 (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIILE 🔀 Delete TITLE Bueno, Gloria E 3401 N. Country Club Dr. #405 Aventura, FL 33180 SHIN, SUNG M NAME NAME STREET ADDRESS 20026 NE 6 COURT CIR STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH, FL 33179 CITY-ST-ZIP TILE Change ☐ Delete THIE ☐ Addition NAME BUENO, GLORIA E NAME STREET ADDRESS 3401 N. COUNTRY CLUB DR. #405 STREET ADDRESS CHY-ST-7/P AVENTURA, FL 33180 CITY-ST-ZIP TITLE Addition Delete THE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NALAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 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:

FILED