2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099081

Entity Name: SHAARE KESEFF CORP.

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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16375 NE 18TH AVENUE SUITE 304 16375 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33162

SUITE 322

NORTH MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

16375 NE 18TH AVENUE SUITE 304 **16375 NE 18TH AVENUE**

NORTH MIAMI BEACH, FL 33162 SUITE 322

NORTH MIAMI BEACH, FL 33162

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SERBER, DANIEL J ESQ SERBER & ASSOCIATES, P.A. TURNBERRY PLAZA SUITE 801, 2875 NE 191 ST AVENTURA, FL 33180 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete

MASRI, ISIDORO Name:

16375 NE 18TH AVENUE SUITE 304 Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: () Delete

Name: MASRI, SALOMON

16375 NE 18TH AVENUE SUITE 304 Address: NORTH MIAMI BEACH, FL 33162 City-St-Zip:

Title: (X) Change () Addition

MASRI, ISIDORO Name:

16375 NE 18TH AVENUE SUITE 322 Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: (X) Change () Addition

Name: MASRI, SALOMON

16375 NE 18TH AVENUE SUITE 322 Address: NORTH MIAMI BEACH, FL 33162 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISIDORO MASRI 04/06/2006 D