

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000030417

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** BEST SHINE, INC.

**Current Principal Place of Business:**

10 PAPAYA ST SUITE 1001  
CLEARWATER, FL 337672055

**New Principal Place of Business:**

**Current Mailing Address:**

10 PAPAYA ST SUITE 1001  
CLEARWATER, FL 337672055

**New Mailing Address:**

**FEI Number:** 71-1048435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLIAMS, MALGORZATA  
10 PAPAYA ST SUITE 1001  
CLEARWATER, FL 337672055 US

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

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:**

Title: P  
Name: WANDACHOWICZ, BOB  
Address: 10 PAPAYA ST SUITE 1001  
City-St-Zip: CLEARWATER BEACH, FL 337672055

I hereby 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 all other like empowered.

SIGNATURE: B.WANDACHOWICZ

OWNE

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date