## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000037724

Entity Name: SHAKIRAN ENTERPRISES, INC

DE LOS RIOS, JOSE M

19425 BLACK OLIVE LN

BOCA RATON, FL 33498

Name:

Address: City-St-Zip: FILED Mar 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 19425 BLACK OLIVE LN 8161 WILES ROAD BOCA RATON, FL 33498 CORAL SPRINGS, FL 33067 **Current Mailing Address: New Mailing Address:** 19425 BLACK OLIVE LN BOCA RATON, FL 33498 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: DE LOS RIOS, JOSE M 19425 BLACK OLIVE LN US BOCA RATON, FL 33498 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 Title: () Change () Addition SINGH, KIRAN H Name: Name: 19425 BLACK OLIVE LN Address: Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: Title: VΡ () Delete Title: (X) Change ( ) Addition DE LOS RIOS, ANA C Name: ROOPNARINE, HAMA Name: 19425 BLACK OLIVE LN 19425 BLACK OLIVE LN Address: Address: BOCA RATON, FL 33498 BOCA RATON, FL 33498 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: KIRAN H. SINGH P 03/17/2009