

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

FILED

02 DEC -3 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000092647**
1. Entity Name
SHPA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1065 NE 125 STREET		3. Mailing Address 1065 NE 125 STREET	
Suite, Apt. #, etc. 321		Suite, Apt. #, etc. 321	
City & State NORTH MIAMI, FL		City & State NORTH MIAMI, FL	
Zip 33161	Country USA	Zip 33161	Country USA

DO NOT WRITE IN THIS SPACE

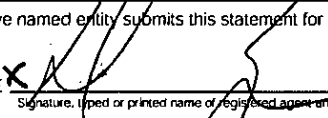
4. FEI Number 65-0651644	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

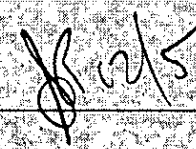
Name DAVID ZILBERMAN		
Street Address (P.O. Box Number is Not Acceptable) 1065 NE 125 STREET, SUITE 321		
City NORTH MIAMI	FL	Zip Code 33161

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.

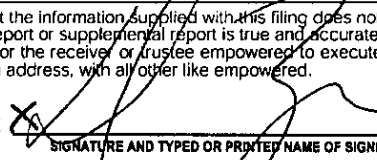
SIGNATURE  **DAVID ZILBERMAN - PRESIDENT** **11/12/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D DAVID ZILBERMAN 1065 NE 125 STREET, SUITE 321 NORTH MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700009327677 12/03/02--01075--022 **150.00
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DAVID ZILBERMAN** **11/12/02** **305-899-1139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

CG Accounting Corporation

4101 Ravenswood Road, Suite 111, Fort Lauderdale, FL 33020 (954) 327-4617 Fax (954) 327-4618

November 12, 2002

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

**Re: SHPA Inc.
#P95000092647
UBR - 2002**

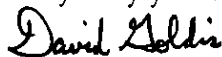
Dear State of Florida Representative,

We are the accountants for the above named taxpayer, and are writing this letter at the request of and with the approval of the president. This corporation never received their UBR in the mail. We sent an e-mail (copy enclosed) to advise us how to proceed.

We are submitting the application together with the \$150 fee. We appreciate the abatement of the late fee. Please see below for the signature of the president of the corporation.

If any additional information is needed, please contact us.

Very truly yours,



David Goldis

DTG/cb



David Zilberman - President