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Mar 22, 2007 8:00 am
Secretary of State
03-22-2007 90004 012 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000027790

1. Entity Name
SHIM & SHO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~3721 NE 200 STREET AVENTURA, FL 33180 US~~	~~3721 NE 200 STREET AVENTURA, FL 33180 US~~

03072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 931 N. STATE Rd 7	3. Mailing Address 931 N. STATE Rd 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hollywood FL	City & State Hollywood FL
Zip 33021 Country US	Zip 33021 Country US

4. FEI Number 65-0773466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDELSBERG, JOEY ~~3721 NE 200 STREET AVENTURA, FL 33180~~	Name EDELSBERG, JOEY; Street Address (P.O. Box Number is Not Acceptable) 931 N. STATE Rd 7; City Hollywood FL Zip Code 33021

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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D; EDELSBERG, JOEY; ~~3721 NE 200 STREET~~; ~~AVENTURA, FL 33180~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D; Edelsberg, Joey; 931 N. State Rd. 7; Hollywood, FL 33021 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D; EDELSBERG, KRISTEN; 3721 NE 200 STREET; AVENTURA, FL 33180 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby 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 to 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: X [signature] 3/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #