

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000081960

Entity Name: AMERISHINE, CORP.

FILED  
Jun 30, 2005  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 570774  
ORLANDO, FL 328570774

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 570774  
ORLANDO, FL 328570774

## New Mailing Address:

FEI Number: 59-3570301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRES, LUIS E  
6744 EBANS BEND  
ORLANDO, FL 32807 US

## Name and Address of New Registered Agent:

TORRES, LUIS  
6744 EBANS BEND  
ORLANDO, FL 32807 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: LUIS TORRES

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TORRES, LUIS E  
Address: P.O. BOX 570774 N/A  
City-St-Zip: ORLANDO, FL 32857

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TORRES, LUIS  
Address: P.O. BOX 570774 N/A  
City-St-Zip: ORLANDO, FL 32857

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS TORRES

P

06/30/2005

Electronic Signature of Signing Officer or Director

Date