FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90149 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000089942 DOCUMENT

1. Entity Name

SHINYSIDE ENTERPRISES, INC.

Modified Address P.O. & 2394 P.O. & 23							A SOUTH THE	´				
Surface, Apt. 4. etc. Sulfo, Apt. 4. etc. Sulfo, Apt. 4. etc. City & State City & State City & State Country Country S. Certification of Status Desired Surface Page 1. Name and Address of Current Registered Agent FARMER, DAN 1539 POMBROKE RD HOLLYWOOD FL 33022 City City City City City City City City	3700 SW 47TH AVENUE DAVIE FL 33314				P.O. BOX 21847 FT LAUDERDALE FL 33335							
City & State 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Name Nam	2. Principal Place of Business				3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired S. 5.5 Additional Fee Prequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARMER, DAN 1938 POMBROKE RD HOLLYWOOD FL 33022 City City FL Zip Code 6. The above registered agent or most range of engagered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am fagniller with, and accept the colloquilloss on registered agent or most range of graphered for the purpose of changing its registered agent, or both, in the State of Florida. I am fagniller with, and accept the colloquilloss on registered agent or most range of graphered agent of the colloquilloss on registered agent or most range of graphered agent of the colloquilloss on registered agent or most range of graphered agent of the colloquilloss on registered agent or most range of graphered agent of the colloquilloss of the colloquilloss on registered agent or both, in the State of Florida. I am fagniller with, and accept the colloquilloss of the colloquill	Suite, Apt	. #, etc.		Su	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
See Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered 8. Text Equation and Agent Age	City & State				City & State			4.	FEI Number 65-0871960			
Name Name Street Address (PO. Box Number is Not Acceptable)	Zip	·	Country	Zip		Cour	•	5.	Certificate of Status Desired	\$8.75 Ad	ditional	
Name Street Address (PO. Box Number is Not Acceptable)		6. Name	and Address of (Current Register	ed Agent			7.	Name and Address of New Registered	•		
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Sireet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	FARMER	DAN		-					•			
B. The above rigned entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am sprilliar with, and accept the obligations of private rates of agent. Signature					Street Addres			s (P.O. E	(P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am figniliar with, and accept the obligation by registered agent, or both, in the State of Florida. I am figniliar with, and accept the obligation by registered agent, or both, in the State of Florida. I am figniliar with, and accept the obligation by registered agent, or both, in the State of Florida. I am figniliar with, and accept the obligation by registered agent, or both, in the State of Florida. I am figniliar with, and accept the obligation by registered agent, or both, in the State of Florida. I am figniliar with, and accept the obligation by registered agent, or both, in the State of Florida. I am figniliar with, and accept the obligation by registered agent, or both, in the State of Florida. I am figniliar with, and accept the obligation by registered agent, or both, in the State of Florida. I am figniliar with, and accept the obligation by registered agent, or both, in the State of Florida. I am figniliar with, and accept the provided agent are tire if applicable. FILE NOW!!! FEE IS \$150.00 Attended to prince rare of registered agent, or both in the State of Florida. I am figniliar with, and accept the provided agent, or both in the State of Florida. I am figniliar with, and accept the provided agent are tire if agent agent agent agent to file if a public agent												
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation for registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation for registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation for registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation for registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation for registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation for registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation for registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation for registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation for registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation for registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation for registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation for registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Addition of Fees and the state of Florida agent	HOLLYWO	OD FL 330	22									
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indicated on this feport 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:

954-581-7900 Daytime Phone #