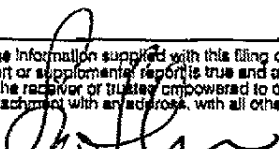


FILED

May 03, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000058982 1. Entity Name SHANE-GRI-LA ENTERPRISES, INC.			
Principal Place of Business 4101 PINE TREE DRIVE SUITE 1704 MIAMI BEACH, FL 33140		Mailing Address 4101 PINE TREE DRIVE SUITE 1704 MIAMI BEACH, FL 33140	
DO NOT WRITE IN THIS SPACE		 04232004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0830376		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHANE, SCOTT 4101 PINETREE DR #1704 MIAMI BCH, FL 33140		DO NOT WRITE IN THIS SPACE	
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 filer if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	PSTD	UN00000146723 05/03/04-80077-008 150.00	
NAME	SHANE, SCOTT W		
STREET ADDRESS	4101 PINETREE DRIVE		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  SCOTT W SHANE		4/28/04 305.579.2343 Date Daytime Phone	