


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90239 012 ***150.00

DOCUMENT # P99000082863 1. Entity Name SHINE TILE INC.					
Principal Place of Business 750 SW 34 STREET SUITE 217 FORT LAUDERDALE, FL 33315			Mailing Address 750 SW 34 STREET SUITE 217 FORT LAUDERDALE, FL 33315		
2. Principal Place of Business 1100 Lee Wagener		3. Mailing Address 1100 Lee Wagener			
Suite, Apt. #, etc. Suite 351		Suite, Apt. #, etc. Suite 351			
City & State Ft Lauderdale Fl 33315		City & State Ft Lauderdale Fl 33315			
Zip 	Country 	Zip 	Country 	4. FEI Number 65-0955428	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SANJUR, JOSE 6831 ATLANTA STREET HOLLYWOOD, FL 33024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD SANJUR, JOSE 6831 ATLANTA STREET HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Jose Santur</u> JOSE SANTUR Pres <u>4/28/06</u> <u>9543595788</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					