2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2007 08:00 AM **DOCUMENT # \$10395 Secretary of State** SHINA ENTERPRISES, INC. Principal Place of Business Mailing Address 68 N. CARPENTER RD. 68 N. CARPENTER RD. TITUSVILLE, FL 32796 TITUSVILLE, FL 32796 01252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3042436 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent PATEL, JAGRUTI B DO NOT WRITE 271 LAKE SHORE DR. MERRITT ISLAND, FL 32953 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 title if applicable (NOTE: Registered Agent algorature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TELLE PATEL, JAGRUTI B NAME STREET ADDRESS 271 LAKE SHORE DR. CITY-ST-ZIP MERRITT ISLAND, FL U00000659703 NAME 03/16/07-80040-022 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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.

NAME STREET ADDRESS

SIGNATURE: B. M. P. SIGNATURE AND TYPED ON PRINTED NAME OF BIGHING OFFICER ON DIRECTOR DATE OF BIGHING OFFICER ON DATE OFFICER ON DATE OFFICER ON DATE OFFIC