

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90007 017 ***150.00

DOCUMENT # S22722	
1. Entity Name SHANRI REALTY, INC.	



Principal Place of Business 310 VICTORIA AVE. S-409 MONTREAL QUEBEC, CA H3Z 2	Mailing Address 310 VICTORIA AVE. S-409 MONTREAL QUEBEC, CA H3Z 2
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2. Principal Place of Business 60 BASTION SQUARE	3. Mailing Address 60 BASTION SQUARE
Suite, Apt. #, etc. S#401	Suite, Apt. #, etc. S#401
City & State VICTORIA, BRITISH COLUMBIA	City & State VICTORIA, BRITISH COLUMBIA
Zip V8W 1J2	Zip V8W 1J2
Country CANADA	Country CANADA



01192004 Chg-P CR2E034 (10/03)

4. FEI Number 98-0115792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BREGMAN, HOWARD 777 SO. FLAGLER DR. S-310-EAST WEST PALM BCH., FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERLIN, LEON 310 VICTORIA AVE., S-409 MONTREAL, QUEBEC CAN. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERLIN, RICHARD 60 BASTION SQUARE, S-401 VICTORIA, BC, CANADA V8W 1J2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Richard Berlin* **JAN 20, 2004 (250) 477-5757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RICHARD BERLIN