


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90009 050 \*\*\*150.00

<b>DOCUMENT # V15030</b>			
1. Entity Name <b>SHIMBERAL, INC.</b>		Principal Place of Business <b>514 41ST STREET MIAMI BEACH FL 33140</b>	
Mailing Address <b>514 41ST STREET MIAMI BEACH FL 33140</b>		2. Principal Place of Business <b>514 41ST STREET MIAMI BEACH FL 33140</b>	
3. Mailing Address <b>920 W 43 Court</b>		Suite, Apt. #, etc. <b>MIAMI BEACH FL 33140</b>	
City & State <b>MIAMI BEACH, FLORIDA</b>		City & State <b>MIAMI BEACH, FLORIDA</b>	
Zip <b>33140</b>	Country <b>USA</b>	4. FEI Number <b>65-0323782</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BIRNBAUM, MARC 11077 BISCAYNE BLVD. SUITE 301 MIAMI FL 33161</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARROLD, KASEN 920 W 43 CRT MIAMI BCH FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Harrold, Karen</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HARROLD, BIIS 920 W 43 COURT MIAMI BEACH FL 33140</b> <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	<b>HARROLD, TAMBY 920 W 43 COURT MIAMI BEACH FL 33140</b> <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
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<b>RECEIVED FEB 13 2006 CIU REV/ADM</b>		<b>SIGNATURE: Karen Harrold</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		<b>Feb 19, 06 305-674-8049</b> Date Daytime Phone #	