2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 22, 2006 8:00 am DOCEMENT # V15030 **Secretary of State** 1. Entity Name 02-22-2006 90009 050 ***150.00 SHIMBERAL, INC. Principal Place of Business Mailing Address 514 41ST STREET MIAMI BEACH FL 33140 514 41ST STREET MIAMI BEACH FL 33140 2. Principal Place of Business Mailing Address 920 W 43 Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/05) City & State Beach City & State 4. FEI Number Applied For 65-0323782 Horioa MiAMi Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIRNBAUM, MARC Street Address (P.O. Box Number is Not Acceptable) 11077 BISCAYNE BLVD. **SUITE 301** MIAMI FL 33161 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE D ☐ Delete TILLE ☐ Change Addition NAME HARROLD, KASEN NAME Harrold, Karen STREET ADDRESS 920 W 43 CRT STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33140 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME HARROLD, BIIS STREET ADDRESS 920 W 43 COURT STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP THILE Delete Change _ Change NAME HARROLD, TAMBY NAME STREET ADDRESS STREET ADDRESS 920 W 43 COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 Detete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF RECEIVED ☐ Delete TITLE ☐ Addition ☐ Channe NAME FEB 1 3 2006 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the Indiana Explain his filing does not quality for the exemptions contained in Section 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.

FILED