

2004 AR BUSINESS REPORT (UBR)

DOCUMENT # 223993

1. Entity Name
SHANGRI-LA HOUSE, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -1 AM 8:00

Principal Place of Business Mailing Address
428 COLLINS AVENUE 428 COLLINS AVENUE
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-6655



DO NOT WRITE IN THIS SPACE

MRS

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number 59-6071210 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REITMAN, OFELIA
428 COLLINS AVE #9
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	P RAUL ZALDIVAR <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	428 COLLINS AVE # MIAMI BEACH FL 33139
TITLE NAME	V ROGOFF, THERESA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	428 COLLINS AVE. MIAMI BEACH FL
TITLE NAME	ST REITMAN, OFELIA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	428 COLLINS AVE #9 MIAMI BEACH FL 33139
TITLE NAME	T FREIDMAN, HERBET <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	428 COLLINS AVE MIAMI BEACH FL
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	300030468173 03/15/04--01043--001 **150.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ofelia Reitman* OFELIA REITMAN 2/20/04
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #