

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90027 016 ***150.00

DOCUMENT # 160092

1. Entity Name

SHORES DEVELOPMENT, INC.



Principal Place of Business

277 GALEON CT.
CORAL GABLES FL 33143
US

Mailing Address

2005 PONCE DE LEON #625
CORAL GABLES FL 33134

omit

2. Principal Place of Business

3. Mailing Address

277 Galeon ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Coral Gables FL

Zip

Country

Zip

Country
USA

4. FEI Number

59-0607035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEN, WAYNE
277 GALEON CT.
CORAL GABLES FL 33143

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. 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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete
NAME ROSEN, WAYNE
STREET ADDRESS 441 VALENCIA AVE STE 703
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME 277 Galeon ct
STREET ADDRESS Coral Gables, FL 33143
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROSEN, WAYNE
STREET ADDRESS 441 VALENCIA #703
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME 277 Galeon ct
STREET ADDRESS Coral Gables, FL 33143
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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 supplement 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: Wayne Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE ROSEN

2-11-04

Date

305-441-8781

Daytime Phone #