


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F0100003520**  
1. Entity Name  
SHERLON INVESTMENTS CORP.



Principal Place of Business C/O FORAM STE 800, 600 BRICKELL AVENUE MIAMI, FL 33131	Mailing Address C/O FORAM STE 800, 600 BRICKELL AVENUE MIAMI, FL 33131
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1110592	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  
  
LYNN B LEWIS, P.A.  
1390 BRICKELL AVE., STE 280  
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SIONG, NG L 600 BRICKELL AVE., STE 800 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEVILLA, CHARLOTTE 600 BRICKELL AVE., STE 800 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAM, YVONNE P 600 BRICKELL AVE., STE 800 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCKRUM, LORETTA H 600 BRICKELL AVE., STE 800 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000115368  
04/16/04-80021-008 150.00

**DO NOT WRITE IN THIS SPACE**

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: Loretta H. Cockrum, Director 4-13-04 305-358-9807  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #