


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # J17125
 1. Entity Name
 SHORELINE FOUNDATION, INC.



Principal Place of Business
 2781 SW 56TH AVE
 PEMBROKE, FL 33023

Mailing Address
 2781 SW 56TH AVE
 PEMBROKE, FL 33023

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2695595	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROYO, JAMES A.
 1316 NW 127TH AVE
 SUNRISE, FL 33323

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000121341 04/20/04-80048-005 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REED, BARRY S. 11060 SW 23RD STREET DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCGEE, JOHN R. 11050 SW 23RD STREET DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROYO, JAMES A. 1316 NW 127TH AVENUE SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BETANCOURT, MICHAEL 541 LAKESIDE CIRCLE SUNRISE, FL 33236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(b), 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: James A. Royo - JAMES A. ROYO PRES 4/15/04 954-985-0460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #