


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90022 024 ***150.00

DOCUMENT # S73648

1. Entity Name
FLORIDA SHORES APARTMENTS J. & E. HAGER INC.



Principal Place of Business Mailing Address

**525 ANTIOCH AVE. APARTMENTS
 APARTMENTS
 FORT LAUDERDALE, FL 33304 US**

**POST OFFICE BOX 1502
 POMPANO BEACH, FL 33061-502 US**

2. Principal Place of Business 3. Mailing Address

525 ANTIOCH AVE **PO BOX 1502**

Suite, Apt. #, etc. Suite, Apt. #, etc.

525 ANTIOCH AVE **POMPANO BEACH, FL**

City & State City & State

FT. LAUDERDALE, FL **POMPANO BEACH, FL**

Zip Country Zip Country

33304 BRAVAD **33061-1502 BRAVAD**



01272006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

65-0286038 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAGER, EUPHROSYNE
 2712 SE 11TH ST
 POMPANO BEACH, FL 33061-1502**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	HAGER, JEROME	
STREET ADDRESS	2712 SE 11TH	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAGER, EUPHROSYNE	
STREET ADDRESS	2712 SE 11TH STREET	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: *Jerome Hager* STD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 10 2006 OR
 (954) 942-5396
 (954) 563-9340