

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068045

**FILED**  
**Jan 06, 2005**  
**Secretary of State**

**Entity Name:** THE SHARMIN LAW FIRM P.A.

**Current Principal Place of Business:**

800 VILLAGE SQUARE CROSSING, #327  
PBG, FL 33410

**New Principal Place of Business:**

2001 PALM BEACH LAKES BLVD.  
SUITE 502-D  
WPB, FL 33409

**Current Mailing Address:**

800 VILLAGE SQUARE CROSSING, #327  
PBG, FL 33410

**New Mailing Address:**

2001 PALM BEACH LAKES BLVD.  
SUITE 502-D  
WPB, FL 33409

**FEI Number:** 34-1990276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHARMIN, EIMAN  
800 VILLAGE SQUARE CROSSING, #327  
PBG, FL 33410 US

**Name and Address of New Registered Agent:**

SHARMIN, EIMAN  
2001 PALM BEACH LAKES BLVD. SUITE 502-D  
WPB, FL 33409 US

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:**

01/06/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PTSD ( ) Delete  
**Name:** SHARMIN, EIMAN  
**Address:** 800 VILLAGE SQUARE CROSSING, #327  
**City-St-Zip:** PBG, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PTSD (X) Change ( ) Addition  
**Name:** SHARMIN, EIMAN  
**Address:** 2001 PALM BEACH LAKES BLVD. SUITE 502-D  
**City-St-Zip:** WPB, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** EIMAN SHARMIN

PTSD

01/06/2005

Electronic Signature of Signing Officer or Director

Date