

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000090606

**Entity Name:** NELLA SHAP, P.A.

**Current Principal Place of Business:**

2843 S. BAYSHORE DR.  
#16-B  
MIAMI, FL 33133

**FILED**  
**Feb 21, 2015**  
**Secretary of State**  
**CC3104093611**

**Current Mailing Address:**

2843 S. BAYSHORE DR.  
#16-B  
MIAMI, FL 33133 US

**FEI Number:** 20-3049963

**Certificate of Status Desired:** No

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

SHAP, NELLA  
2951 S. BAYSHORE DR.  
#PH-5  
MIAMI, FL 33133 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PVST  
Name            SHAP, NELLA  
Address        2843 S. BAYSHORE DR. #16-B  
City-State-Zip: MIAMI FL 33133

Title            D  
Name            SHAP, NELLA  
Address        2843 S. BAYSHORE DR. #16-B  
City-State-Zip: MIAMI FL 33133

*I hereby 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 all other like empowered.*

**SIGNATURE:** NELLA SHAP

**PRESIDENT**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date