


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90066 045 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # 249044</b>                           |  |
| 1. Entity Name<br><b>SHELDON'S SINGAPORE, INC.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>9501 HARDING AVE<br/>SURFSIDE, FL 33154 US</b> | Mailing Address<br><b>9501 HARDING AVE.<br/>SURFSIDE, FL 33154 US</b> |
|--|---|

**24051356**



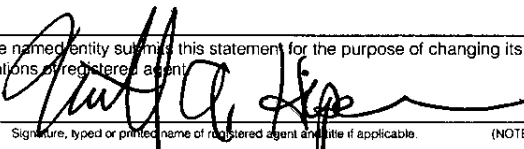
|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04192004 Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-0933865</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

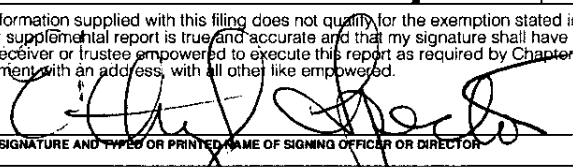
|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
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|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>SPECTOR, ETHYL<br/>9501 HARDING AVE.<br/>SURFSIDE, FL 33154</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>Mitchell Hipsman</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1111 Kane Concourse #401</b><br>City <b>BAY HARBOR ISLANDS FL</b> Zip Code <b>33154</b> |  |
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| 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   | DATE <b>4/22/04</b> |

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|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HERRUP, BECKY<br/>1580 STILLWATER DR<br/>MIAMI BCH., FL 33141</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>SPECTOR, ETHYL<br/>1580 STILLWATER DR<br/>MIAMI BCH., FL</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HIPSMAN, STACEY H.S.<br/>20225 NE 34TH COURT #2214<br/>AVENTURA, FL 33180</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SPECTOR, TOBY S<br/>9501 HARDING AVE.<br/>SURFSIDE, FL 33154</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|   |                                      |
|---|--------------------------------------|
| 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:   | Date <b>April 20, 04</b> Day Phone # |