


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 317880**  
 1. Entity Name  
**SHANE PHARMACEUTICALS INC**



Principal Place of Business  
**2426 SHERIDAN ST  
 HOLLYWOOD FL 33020**

Mailing Address  
**2426 SHERIDAN ST  
 HOLLYWOOD FL 33020**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-1288071**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KELLY, ROGER  
 2426 SHERIDAN ST.  
 HOLLYWOOD FL 33020**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREISDORF, LAWRENCE D 2426 SHERIDAN ST. HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KELLY, ROGER K 2521 GARFIELD STREET HOLLYWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KELLY, EMILY 2425 SHERIDAN ST HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GREISDORF, MARY 2426 SHERIDAN ST HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KELLY, DARA 2426 SHERIDAN ST HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000027099 02/03/04-80034-006 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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: *Lawrence D Greisdorf* Date: *1/30/04* Phone: *854/229-6423*