


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 317880
 1. Entity Name
SHANE PHARMACEUTICALS INC



Principal Place of Business Mailing Address
 2426 SHERIDAN ST 2426 SHERIDAN ST
 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1288071 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

100000218700
 02/07/05-80077-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	GREISDORF, LAWRENCE D
STREET ADDRESS	2426 SHERIDAN ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	P
NAME	KELLY, ROGER K
STREET ADDRESS	2521 GARFIELD STREET
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	VP
NAME	KELLY, EMILY
STREET ADDRESS	2425 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	T
NAME	GREISDORE, MARY
STREET ADDRESS	2426 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	VP
NAME	KELLY, DARA
STREET ADDRESS	2426 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Lawrence D Greisdorf 2/3/05 (954) 929-6423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LAWRENCE GREISDORF