

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90088 028 ***150.00

DOCUMENT # 351146

1. Entity Name
SHANE - SUCHMAN REAL ESTATE CO.



Principal Place of Business

**1550 MADRUGA AVE.
#230
CORAL GABLES, FL 33146 US**

Mailing Address

**1550 MADRUGA AVENUE
#230
CORAL GABLES, FL 33146 US**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1364685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHANE, MARTIN H
1550 MADRUGA AVE.
SUITE 230
MIAMI, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHANE, MARTIN H
STREET ADDRESS	1550 MADRUGA AVE., SUITE 230
CITY-ST-ZIP	CORAL GABLES, FL

TITLE	S
NAME	ROBERTS, PETER A
STREET ADDRESS	1550 MADRUGA AVE., SUITE 230
CITY-ST-ZIP	CORAL GABLES, FL

TITLE	VD
NAME	SUCHMAN, LAWRENCE E
STREET ADDRESS	1550 MADRUGA AVE., SUITE 230
CITY-ST-ZIP	CORAL GABLES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Peter A. Roberts, Sec.* **PETER A. ROBERTS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/2004 *305-667-6461*
Date Daytime Phone #