

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90015 033 ***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



03142005 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 ☐ \$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, 2005 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER A. ROBERTS

03/30/2005 305-667-6461
Date Daytime Phone #