

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 478602

1. Entity Name
CERTIFIED SHORTHAND REPORTERS, INC.



Principal Place of Business

19 W. FLAGLER ST.
M-101 BISCAYNE BLDG
MIAMI, FL 33130

Mailing Address

19 W. FLAGLER ST.
M-101 BISCAYNE BLDG
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARREN, HOWARD
M-101 BISCAYNE BLDG
19 W FLAGLER ST
MIAMI, FL 33130

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, 2006 Fee will be \$550.00**

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
PD	HOWARD, WARREN	19 W. FLAGLER ST M-101	MIAMI, FL 33130

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 27, 2006 08:00 AM
Secretary of State



03112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1603299

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

U00000538942
05/09/06-80079-024 150.00

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IN THIS SPACE**

4/25/06 305-374-6545
Date Daytime Phone #