


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J44038 1. Entity Name SHARRO, INC. |  |
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| Principal Place of Business 420 E EIGHTH ST JACKSONVILLE, FL 32206 | Mailing Address 44 AVENIDA MENENDEZ SAINT AUGUSTINE, FL 32084 |
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02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2774548 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ROCKEY, PATRICK 420 EAST EIGHTH ST. JACKSONVILLE, FL 32206 |
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**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

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000060016 02/23/04-80022-024 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ARBIZZANI, JOHN 420 E 8TH ST JACKSONVILLE, FL 32206 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD DIFILIPPO, NANCY 420 E 8TH ST JACKSONVILLE, FL 32206 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ROCKEY, PATRICK 420 E 8TH ST JACKSONVILLE, FL 32206 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 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:  **4/18/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #