

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # J44038

1. Entity Name
SHARRO, INC.



Principal Place of Business
420 E EIGHTH ST
JACKSONVILLE, FL 32206

Mailing Address
44 AVENIDA MENENDEZ
SAINT AUGUSTINE, FL 32084



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2774548	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

ROCKEY, PATRICK
420 EAST EIGHTH ST.
JACKSONVILLE, FL 32206

**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, 2008 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	ARBIZZANI, JOHN
STREET ADDRESS	420 E 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206

TITLE	STD
NAME	DIFILIPPO, NANCY
STREET ADDRESS	420 E 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206

TITLE	VD
NAME	ROCKEY, PATRICK
STREET ADDRESS	420 E 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/08-80068-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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

JOHN ARBIZZANI

3-4-08 904-829-5578

Date

Display Phone