

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90257 032 ***150.00

DOCUMENT # J69685

1. Entity Name

SHAW AND NEVINS INC.



Principal Place of Business

168 N E 167TH ST
NORTH MIAMI BEACH, FL 33162
US

Mailing Address

2265 SW 118TH AVE
MIRAMAR FL 33025
US

34036019



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

17098 SW 16 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PEMBROKE PINES

Zip

Country

Zip

Country

FL 33027

4. FEI Number

65-0112629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAW, ANDREA
2265 SW 118TH AVE
MIRAMAR FL 33025

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME SHAW, ANDREA
STREET ADDRESS 2265 SW 118TH AVE
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME NEVINS, HAROLD
STREET ADDRESS 2265 SW 118TH AVE
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Andrea Shaw ANDREA SHAW

Date

4/15/04 954 441-3406

Daytime Phone #