
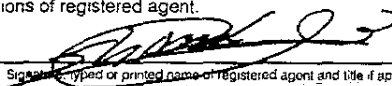
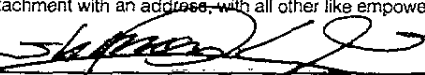


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L96157</b> 1. Entity Name <b>SHIMON AND SHIMON, INC.</b>					
Principal Place of Business <b>2811 HOLLYWOOD BLVD. HOLLYWOOD FL 33020</b>			Mailing Address <b>3541 NORTH 34TH AVE. HOLLYWOOD FL 33021</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0251998</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHIMON, DANI 2811 HOLLYWOOD BLVD. HOLLYWOOD FL 33021</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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  <b>DANI SHIMON</b> <span style="float: right;"><b>2/1/04</b></span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD SHIMON, DANI 3541 N 34TH AVE HOLLYWOOD FL 33021-2508	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>DANI SHIMON</b> <span style="float: right;"><b>2/1/04</b></span> <span style="float: right;"><b>9548954740</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E034 (11/03)

4. FEI Number **65-0251998** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

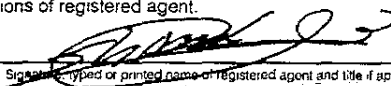
## 6. Name and Address of Current Registered Agent

**SHIMON, DANI  
2811 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021**

## 7. Name and Address of New Registered Agent

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  **DANI SHIMON** **2/1/04**  
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

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD SHIMON, DANI 3541 N 34TH AVE HOLLYWOOD FL 33021-2508	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  **DANI SHIMON** **2/1/04** **9548954740**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #