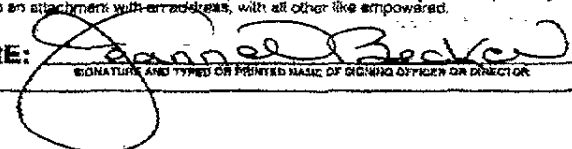


05/19/2004 16:44 FAX 9547678100

FILED
May 24, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M58428 1. Entity Name SHARI K. BECKER, INC.		
Principal Place of Business C/O JOANNE T. BECKER 1500 S.W. 4 ST. FT. LAUDERDALE, FL 33312		Mailing Address C/O JOANNE T. BECKER 1500 S.W. 4 ST. FT. LAUDERDALE, FL 33312
2. Name and Address of Current Registered Agent BECKER, JOANNE T. 1500 S.W. 4 ST. FT. LAUDERDALE, FL 33312		
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		DATE 05/24/04 DATE
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BECKER, SHARI K. 1741 S.W. 4 ST. FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BECKER, JOANNE T. 1500 S.W. 4 ST FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 exemption stated in Section 119.07(3)(c), 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 as an attachment with errata, with all other like empowered.		
SIGNATURE: 		Date 5-19-04 Daytime Phone # (954) 462-8343



05192004 No Chg-P CH2E034 (10/03)

4. FEI Number
65-0803722
Applied For
Not Applicable

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

U000000161293
05/24/04-80002-016 150.00