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	Mailing Address
C/O JOANNE T. BECKER 1500 S.W. 4 ST. FT. LAUDERDALE, FL 33312	C/O JOANNE T. BECKER 1500 S.W. 4 ST. FT. LAUDERDALE, FL 33312

05192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0003722
☐ Applied For
☐ Not Applicable

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

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

U00000161293
05/24/04--80002--016 150.00

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	PD
NAME	BECKER, SHARI K.
STREET ADDRESS	1741 S.W. 4 ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	STD
NAME	BECKER, JOANNE T.
STREET ADDRESS	1500 S.W. 4 ST
CITY-ST-ZIP	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)(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.

(954)

SIGNATURE: Joanne Becker 5-19-04 462-8343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #