

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000011242

1. Entity Name
SHAREEN STORES, INC.



Principal Place of Business
**444 SW 4TH STREET
HOMESTEAD, FL 33030**

Mailing Address
**444 SW 4TH STREET
HOMESTEAD, FL 33030**

FILED

05 SEP 23 AM 10: 53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



07192005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0980536

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SULEIMAN, FAWZI A
444 SW 4TH STREET
HOMESTEAD, FL 33030**

**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
Due by September 7, 2005**

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
**PSVT
SULEIMAN, FAWZI A
444 SW 4TH STREET
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SULEIMAN, FAWZI A
444 SW 4TH STREET
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY - ST - ZIP

**000059901970
09/23/05--01052--013 **150.00**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/05

Date

Daytime Phone #