

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90020 041 \*\*\*158.75

**DOCUMENT # P00000076520**

1. Entity Name  
**SHORTY'S V, INC.**



Principal Place of Business  
**9150 SW 87TH AVE, SUITE #205  
MIAMI, FL 33176**

Mailing Address  
**9150 SW 87TH AVE, SUITE #205  
MIAMI, FL 33176**

**44018110**



01132004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1035527** 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**

**GREENFIELD, ALAN E**  
~~**2600 DOUGLAS RD, SUITE 911**~~  
~~**CORAL GABLES, FL 33134**~~

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**15105 NW 77 AVENUE, SUITE 303**  
City **MIAMI LAKES** FL Zip Code **33014**

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]*

**3/16/04**

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**

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	P	<input type="checkbox"/> Delete
NAME	VASTURO, MARK	
STREET ADDRESS	9150 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENFIELD, ALAN E	
STREET ADDRESS	<del>2600 DOUGLAS RD, SUITE 911</del>	
CITY-ST-ZIP	<del>CORAL GABLES, FL 33134</del>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JABLONSKI, GARY	
STREET ADDRESS	9150 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WALLINS, SANFORD	
STREET ADDRESS	9150 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VAN GHEEM, KEN	
STREET ADDRESS	9150 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	ST	<input type="checkbox"/> Delete
NAME	IGLESIDE, ARTUILO	
STREET ADDRESS	4150 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>15105 NW 77 AVENUE, SUITE 303</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33014</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IGLESIAS, ARTURO</b>	
STREET ADDRESS	<b>9150 SW 87 AVENUE</b>	
CITY-ST-ZIP		

**ENTERED**

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

*[Signature]* President

**3/11/04**

Date

Daytime Phone #