

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90224 014 ***158.75

DOCUMENT # P00000080981

1. Entity Name
TIPS & TOES BY SHAR, INC.



Principal Place of Business
**7262 NW 47TH PLACE
LAUDERHILL, FL 33319**

Mailing Address
**7262 NW 47TH PLACE
LAUDERHILL, FL 33319**



2. Principal Place of Business
Post Office Box 26772
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 26772
Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State
Ft. Lauderdale, FL
Zip
33320 Country
USA

City & State
Ft. Lauderdale, FL
Zip
33320 Country
USA

4. FEI Number
65-1055673

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, SHARLETTA A
7262 NW 47TH PLACE
LAUDERHILL, FL 33319**

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

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

TITLE **D** ☐ Delete
NAME **DAVIS, SHARLETTA A**
STREET ADDRESS **4121 NW 26TH STREET TH 20**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME **Sharletta A. Davis**
STREET ADDRESS **Post Office Box 26772**
CITY-ST-ZIP **Ft. Lauderdale, FL 33320**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharletta Davis

Date

Daytime Phone #

4/21/04

954-588-6222