


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000015670 1. Entity Name EBONY SHARES, INC.	
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Principal Place of Business 17520 NW 9TH PL. MIAMI, FL 33169	Mailing Address 17520 NW 9TH PL. MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1081073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEWIS, JOYCE S 17520 NW 9TH PL. MIAMI, FL 33169

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000263531 03/14/05-80100-003 8.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JOYCE S 17520 NW 9TH PL. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, LETRELL 17520 NW 9TH PL. MIAMI, FL 33169
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000263531
03/14/05-80100-004 150.00

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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)(f), 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: Joyce S. Lewis **3-11-05 786 367 3313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #