


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000027987		
1. Entity Name SHOREN INVESTMENTS, INC.		
Principal Place of Business 2721 FORSYTH RD, STE 301 WINTER PARK, FL 32792	Mailing Address 2721 FORSYTH RD, STE 301 WINTER PARK, FL 32792	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent SHOREN, MAUREEN 2721 FORSYTH RD, STE 301 WINTER PARK, FL 32792		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		01092004 No Chg-P CR2E034 (10/03) 4. FEI Number 99-3391592 Applied For <input type="checkbox"/> Not Applied 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHOREN, MAUREEN 2721 FORSYTH RD., STE 301 WINTER PARK, FL 32792	DO NOT WRITE IN THIS SPACE
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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: <u>Maureen Shoren</u> MAUREEN SHOREN PRES		4-7-04 (407) 672-2096
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>