

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90206 029 ***150.00

DOCUMENT # P01000053472 1. Entity Name WILLIAM M. SHAHEEN, P.A.					
Principal Place of Business 1200 NORTH FEDERAL HIGHWAY SUITE 301 BOCA RATON, FL 33432			Mailing Address 1200 NORTH FEDERAL HIGHWAY SUITE 301 BOCA RATON, FL 33432		
2. Principal Place of Business 3351 N.W. 2nd Ave. Suite, Apt. #, etc.		3. Mailing Address 3351 N.W. 2nd Ave. Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 65-1110638	
Zip 33431		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAHEEN, WILLIAM M 1200 NORTH FEDERAL HIGHWAY SUITE 301 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name SHAHEEN, WILLIAM M. Street Address (P.O. Box Number is Not Acceptable) 3351 N.W. 2nd Ave. City Boca Raton FL Zip Code 33431	
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 <u>Wm Shaheen</u> WILLIAM M. SHAHEEN 04/30/04 <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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHAHEEN, WILLIAM M 23144 POST GARDNES WAY #505 BOCA RATON, FL 33433 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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: <u>Wm Shaheen</u> WILLIAM M. SHAHEEN 04/30/04 (541) 367-7300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					