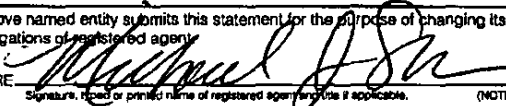
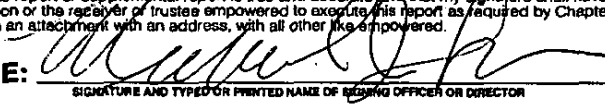


FILED
Apr 28, 2004 8:00 am
Secretary of State

04-14-2004 90030 031 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000099148		
1. Entity Name MICHAEL SHEARER MANAGEMENT, INC.		
Principal Place of Business 6750 NW 21ST TERRACE FT. LAUDERDALE, FL 33309		Mailing Address 6750 NW 21ST TERRACE FT. LAUDERDALE, FL 33309
DO NOT WRITE IN THIS SPACE		
		01222004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-1147410
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
TOLLEY, SHAWN 9200 S DADELAND BLVD 204 MIAMI, FL 33156		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  Signature, typed or printed name of registered agent, whichever is applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 4/19/04
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 NAME STREET ADDRESS CITY-ST-ZIP	DPST SHEARER, MICHAEL 6750 NW 21ST TERRACE FT. LAUDERDALE, FL 33309	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 ISSUING OFFICER OR DIRECTOR		DATE 4/22/04 Daytime Phone # 954 970 7211