


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000104752 1. Entity Name SHARYLL 2000, CORP.	
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Principal Place of Business 15803 SW 99 TERRACE MIAMI, FL 33196	Mailing Address 15803 SW 99 TERRACE MIAMI, FL 33196
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03202003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0006235	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent LAVERDE, BLANCY 15803 SW 99 TERRACE MIAMI, FL 33196

**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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05/27/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

**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	P LAVERDE, BLANCY 15803 SW 99 TERRACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COSTANTINO, CATERINA 15803 SW 99 TERRACE MIAMI, FL 33196
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06/03/04-80003-016 150.00

**DO NOT WRITE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/04

Date

Daytime Phone #