

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90282 019 ***150.00

DOCUMENT # P01000104752

1. Entity Name
SHARYLL 2000, CORP.



Principal Place of Business

Mailing Address

**15804 SW 99 Terrace
Miami, FL 33196**

**15804 SW 99 Terrace
Miami, FL 33196**

2. Principal Place of Business

15804 SW 99 Terrace

3. Mailing Address

15804 SW 99 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL

City & State

Miami, FL

City & State

01232006

Chg-P

CR2E034 (11/05)

4. FEI Number

80-0006235

Applied For

Not Applicable

Zip

33196

Country

Zip

33196

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAVERDE, BLANCY
15804 SW 99 TERRACE
MIAMI, FL 33196**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAVERDE, BLANCY	
STREET ADDRESS	15803 SW 99 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTANTINO, CATERINA	
STREET ADDRESS	15803 SW 99 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVERDE, BLANCY	
STREET ADDRESS	15804 SW 99 Terrace	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Constantinio, Caterine	
STREET ADDRESS	15804 SW 99 Terrace	
CITY-ST-ZIP	Miami, FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #