

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90093 046 \*\*\*150.00

DOCUMENT # P02000052830  
 1. Entity Name  
 LAW OFFICE OF PENNY R. SHAW, P.A.



Principal Place of Business Mailing Address  
 131 NW 46 TERRACE 131 NW 46 TERRACE  
 FORT LAUDERDALE, FL 33317 FORT LAUDERDALE, FL 33317

**50033555**



2. Principal Place of Business 3. Mailing Address  
 7420 NW 5th Street 7420 NW 5th Street  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 110 110

03282005 Chg-P CR2E034 (10/03)

City & State City & State  
 Plantation FL Plantation FL  
 Zip Country Zip Country  
 33317 US FL 33317

4. FEI Number Applied For  
 45-9437217 Not Applicable

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  
 SHAW, PENNY R SHAW, PENNY R.  
 131 NW 46 TERRACE 131 NW 46 TERRACE  
 FORT LAUDERDALE, FL 33317 FORT LAUDERDALE, FL 33317  
 City Plantation FL Zip Code 33317

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: Penny R Shaw DATE: 03/28/05

9. Election Campaign Financing Trust Fund Contribution.  \$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	PD SHAW, PENNY R 131 NW 46 TERRACE FORT LAUDERDALE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, PENNY R. 7420 NW 5th Street #110 Plantation, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Penny R Shaw DATE: 03/28/05 (954) 344-7206