

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000053897

1. Entity Name
SIMPSON & SHAPIRO, INC.



Principal Place of Business
**13157 VIA VESTA
DELRAY BEACH, FL 33484**

Mailing Address
**C/O COMPUKEEPER INC.
1446 NW 2ND AVE STE 105
BOCA RATON, FL 33432**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEJ Number
02-0615580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHAPIRO, JANICE S
13157 VIA VESTA
DELRAY BEACH, FL 33484**

**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 and title if applicable

(NOTE: Registered Agent signature required when reelecting)

DATE

**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
D
NAME
SHAPIRO, JANICE S
STREET ADDRESS
13157 VIA VESTA
CITY-ST-ZIP
DELRAY BEACH, FL 33484

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CITY-ST-ZIP

U00000007384
01/20/04-80022-015 150.00

**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)(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:

J. Shapiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Shapiro, Pr

1/7/04

561-302-6188

Date

Daytime Phone #