


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

|   |                   |  |   |  |                                   |
|---|-------------------|--|---|--|-----------------------------------|
| DOCUMENT # P02000078989   |                   |  |   |                                   |                                   |
| 1. Entity Name<br>SHEDS PLUS INC.   |                   |  |   |  |                                   |
| Principal Place of Business<br>24101 SOUTH DIXIE HWY.<br>MIAMI FL 33032   |                   | Mailing Address<br>9879 SW 221 TERR<br>MIAMI FL 33190                    |   |  |                                   |
| 2. Principal Place of Business  |                   | 3. Mailing Address   |   |  |                                   |
| Suite, Apt #, etc.  |                   | Suite, Apt #, etc.   |   |  |                                   |
| City & State  |                   | City & State   |   |  |                                   |
| Zip   | Country           | Zip  | Country   | 4. FEI Number <b>22-3861072</b>  |                                   |
|   |                   |  |   | Applied For<br>Not Applicable  |                                   |
|   |                   |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                    |                                   |
| 6. Name and Address of Current Registered Agent   |                   |  | 7. Name and Address of New Registered Agent           |  |                                   |
| SHARE, JERRY S<br>9879 S.W. 221 TR.<br>MIAMI FL 33190   |                   |  | Name  |  |                                   |
|   |                   |  | Street Address (P. O. Box Number is Not Acceptable)   |  |                                   |
|   |                   |  | City  |  |                                   |
|   |                   |  | <b>FL</b> 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   |                   | <i>JERRY S. SHARE</i><br><i>Jerry S. Share</i>                           |   | DATE<br><b>3-31-05</b>   |                                   |
| <small>Signature typed or printed name of registered agent if title applicable</small>  |                   | <small>(NOTE: Registered Agent signature required when relating)</small> |   | <small>DATE</small>  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                   |  |   | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                   |
| 10. OFFICERS AND DIRECTORS  |                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                   |
| TITLE   | <b>P</b>          | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | SHARE, JERRY S    |  | NAME  |  |                                   |
| STREET ADDRESS  | 9879 SW 221 TR    |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI FL 33190    |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | <b>S</b>          | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | SHARE, KAREN L    |  | NAME  |  |                                   |
| STREET ADDRESS  | 9879 SW 221 TERR. |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI FL 33190    |  | CITY-ST-ZIP   |  |                                   |
| TITLE   |                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                   |  | NAME  |  |                                   |
| STREET ADDRESS  |                   |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                   |  | CITY-ST-ZIP   |  |                                   |
| TITLE   |                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                   |  | NAME  |  |                                   |
| STREET ADDRESS  |                   |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                   |  | CITY-ST-ZIP   |  |                                   |
| TITLE   |                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                   |  | NAME  |  |                                   |
| STREET ADDRESS  |                   |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                   |  | CITY-ST-ZIP   |  |                                   |
| TITLE   |                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                   |  | NAME  |  |                                   |
| STREET ADDRESS  |                   |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                   |  | 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)(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:  |                   | <i>JERRY S. SHARE</i><br><i>Jerry S. Share</i>                           |   | DATE<br><b>3-31-05</b>   |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                   | <small>DATE</small>  |   | <small>Daytime Phone #</small>   |                                   |
|   |                   |  |   | <b>305-753 8056</b>  |                                   |



1st MOORE CR2E034 (10/04)