

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000103039

1. Entity Name
SHOSHONA HOLDINGS, INCORPORATED



Principal Place of Business
4613 N UNIVERSITY DR #242
CORAL SPRINGS, FL 33067

Mailing Address
4613 N UNIVERSITY DR #242
CORAL SPRINGS, FL 33067



04242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0814523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINDE, JEFFREY H ESQ.
4613 N UNIVERSITY DR #242
CORAL SPRINGS, FL 33067

**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 reinstating) 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

U00000137406
04/29/04-80040-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MINDE, JEFFREY H
STREET ADDRESS	4613 N UNIVERSITY DR #242
CITY-ST-ZIP	CORAL SPRINGS, FL 33067

TITLE	D
NAME	TUCKER, KENNETH S
STREET ADDRESS	4613 N UNIVERSITY DR #242
CITY-ST-ZIP	CORAL SPRINGS, FL 33067

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Jeffrey H. Minde President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04 954 345 6465
Date Daytime Phone #