


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000032980
1. Entity Name
TOTAL BANCSHARES CORP.



Principal Place of Business
**2720 CORAL WAY
MIAMI, FL 33145**

Mailing Address
**2720 CORAL WAY
MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
16-1657567 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SCHOLSBERG, DAVID I ESQ.
2720 CORAL WAY
MIAMI, FL 33145**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000309102
04/16/05-80024-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARSHT, ADRIENNE
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	FELDMAN, MYER
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DP
NAME	HEFFERNAN, WILLIAM J
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DEV
NAME	MANRARA, ALBERTO G
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	S
NAME	SCHLOSBERG, DAVID I
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 David I. Schlosberg APR. 7, 2005 305-476-6269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DAVID I. SCHLOSBERG, SECRETARY
Date Daytime Phone #