

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000036370

1. Entity Name
SHERI'S CARING PLACE, INC.



Principal Place of Business
**311 N 66 AVENUE
HOLLYWOOD, FL 33024**

Mailing Address
**311 N 66 AVENUE
HOLLYWOOD, FL 33024**



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1693827

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LIVERPOOL, RUTH
8428 W OAKLAND PARK BLVD.
SUNRISE, FL 33351**

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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, the registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

4/5/05

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ORUKOTAN, SHERIFAT
6641 SW 8TH STREET
PEMBROKE PINES, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000300026
04/12/05-80004-011 150.00

**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)(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:

[Signature] **Sherifat Orukotan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

DATE Daytime Phone #