



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90734 005 ***150.00

DOCUMENT # P03000049444 1. Entity Name LET'S SHAKE HANDS, INC.			
Principal Place of Business 1638 E. ATLANTIC BLVD. POMPANO BEACH, FL 33060		Mailing Address 1638 E. ATLANTIC BLVD. POMPANO BEACH, FL 33060	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		04222004 Chg-P CR2E034 (10/03)	
		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 54-2112614 </div> <div style="float: right; text-align: right;"> Applied For <input type="checkbox"/> Not Applicable </div>	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIERNAN, DAVID 900 E. ATLANTIC BLVD. STE 17 POMPANO BEACH, FL 33060		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	TITLE	CFO
NAME	KIERNAN, DAVID	NAME	Karen Dunne
STREET ADDRESS	1638 E. ATLANTIC BLVD.	STREET ADDRESS	1638 E. ATLANTIC BLVD
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	POMPANO BEACH, FL 33060
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	SECRETARY
NAME		NAME	KRISTEN DAVID
STREET ADDRESS		STREET ADDRESS	1638 E. ATLANTIC BLVD
CITY-ST-ZIP		CITY-ST-ZIP	POMPANO BEACH FL 33060
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <div> DAVID KIERNAN <small>Date</small> </div> <div> APRIL 26th 04 <small>Daytime Phone #</small> </div> </div>	