

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000104863

1. Entity Name
SHOBAS PROPERTIES, INC.



Principal Place of Business
**% 2498 NW 66TH DRIVE
BOCA RATON, FL 33496**

Mailing Address
**% 2498 NW 66TH DRIVE
BOCA RATON, FL 33496**



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2126875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLUCK, RONDA D
980 NORTH FEDERAL HIGHWAY
SUITE 402
BOCA RATON, FL 33432**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000302277
04/13/05-80064-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD GLUCK, RONDA D % 2498 NW 66TH DRIVE BOCA RATON, FL 33496
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	V AMERLING-STERN, SUSAN % 2498 NW 66TH DRIVE BOCA RATON, FL 33496
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	STD GLUCK, DAVID % 2498 NW 66TH DRIVE BOCA RATON, FL 33496
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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**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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05 801368527
Date Daytime Phone #