

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90053 035 ***150.00

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01182005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000025300			
1. Entity Name SHARI CARTER, P.A.			
Principal Place of Business 517 SW 13TH STREET FORT LAUDERDALE, FL 33316		Mailing Address 517 SW 13TH STREET FORT LAUDERDALE, FL 33316	
2. Principal Place of Business 2632 NE 33 ST		3. Mailing Address 2632 NE 33 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33306		Zip 33306	
Country		Country	
4. FEI Number 20-0665374		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 JACOBSON, DANIEL A ESQ. 2500 N. FEDERAL HIGHWAY SUITE 100 FORT LAUDERDALE, FL 33305		7. Name and Address of New Registered Agent Name: SHARI CARTER Street Address (P.O. Box Number is Not Acceptable): 2632 NE 33 ST City: FT LAUDERDALE FL Zip Code: 33306	
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: <i>X Shari</i>		DATE: 1/31/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP	P UMANSKY, SHARI 517 SW 13TH STREET FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARTER, SHARI 2632 NE 33 ST FT LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <i>X Shari</i>		SHARI CARTER X 1/31/05 X 954 444 2123	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	