

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90151 010 ***158.75

DOCUMENT # P04000058573 1. Entity Name LAWRENCE SHAPIRO ASSOCIATES, INC.					
Principal Place of Business 411 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071			Mailing Address 411 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3789533	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132			Name LAWRENCE P. SHAPIRO Street Address (P.O. Box Number is Not Acceptable) 10176 NW 33RD ST City CORAL SPRINGS, FL 33065 FL Zip Code 33065		
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 4/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	PD SHAPIRO, LAWRENCE P 411 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10176 NW 33RD ST CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, BARBARA E 411 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10176 NW 33RD ST CORAL SPRINGS, FL 33065	
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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)(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: LAWRENCE P. SHAPIRO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/8/05 Daytime Phone # 954 227-8472		