2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000062448

1. Entity Name
STEVEN B. SHERMAN, P.A.

Principal Place of Business

4045 SHERIDAN AVE #185
MIAMI BEACH, FL 33140-3665

Mailing Address

4045 SHERIDAN AVE #185
MIAMI BEACH, FL 33140-3665

DO NOT WRITE IN THIS SPACE

01042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1061681	Not Applicable

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

6. Name and Address of Current Registered Agent

SHERMAN, STEVEN B
4045 SHERIDAN AVE #185
MIAMI BEACH, FL 33140-3665

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000781087
01/15/08-80021-004 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SHERMAN, STEVEN B
STREET ADDRESS	4045 SHERIDAN AVE #185
CITY-ST-ZIP	MIAMI BEACH, FL 331403665

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   1-4-2008   305-610-0179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #