2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068045

1. Entity Name
THE SHARMIN LAW FIRM P.A.

Principal Place of Business	Mailing Address
2001 PALM BEACH LAKES BLVD. SUIT 502-D WPB, FL 33409	2001 PALM BEACH LAKES BLVD. SUIT 502-D WPB, FL 33409

2. Principal Place of Business
120 S Olive Avenue
Suite, Apt. #, etc. *Suite 504*
City & State *West Palm Beach FL*
Zip *33401* Country *USA*

3. Mailing Address
120 S Olive Avenue
Suite, Apt. #, etc. *Suite 504*
City & State *West Palm Beach FL*
Zip *33401* Country *USA*

01152006   Chg-P   CR2E034 (11/05)

4. FEI Number
34-1990276
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHARMIN, EIMAN
~~2001 PALM BEACH LAKES BLVD. SUIT 502-D~~
~~WPB, FL 33409~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
120 S Olive Avenue Suite 504

City *West Palm Beach*   FL   Zip Code *33401*

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, 2006 Fee will be $550.00 | **9.** Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |

10.	OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHARMIN, EIMAN		NAME	*120 S Olive Avenue Suite 504*
STREET ADDRESS	~~2001 PALM BEACH LAKES BLVD. SUIT 502-D~~		STREET ADDRESS	*West Palm Beach FL 33401*
CITY-ST-ZIP	~~WPB, FL 33409~~		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: _____   *5/1/06*

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