

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90141 049 \*\*\*150.00

**DOCUMENT # P04000108975**

1. Entity Name  
**SHISHI GALLERY, INC.**



Principal Place of Business <b>3230 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405 US</b>	Mailing Address <b>C/O MCGRATH &amp; MEYERS, 5725 CORPORATE WAY 101 WEST PALM BEACH, FL 33407 US</b>
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**50065302**



2. Principal Place of Business <b>3230 S. Dixie Highway</b> Suite, Apt. #, etc.	3. Mailing Address <b>90 Meyers &amp; Assoc. 5725 Corporate Way</b> Suite, Apt. #, etc.
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08272005 Chg-P CR2E034 (10/03)

City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>
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4. FEI Number <b>20-1400097</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33405</b>	Country <b>US</b>	Zip <b>33407</b>	Country <b>US</b>
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TRAMMELL, NIKKI D  
3230 S. DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP <b>TRAMMELL, NIKKI D 3630 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T <b>TRAMMELL, NIKKI D 3630 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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"/> 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: N. Trammell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/25/05

(561)301-9156

Date Daytime Phone #