

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90013 030 \*\*\*400.00

DOCUMENT # P04000121924

1. Entity Name

DIVINE SHEPPHERD, INC.



Principal Place of Business

Mailing Address

8201 SW 10TH STREET  
NORTH LAUDERDALE FL 33068

8201 SW 10TH STREET  
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

3. Mailing Address

8201 SW 10th Street

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

City & State

N. LAUDERDALE FL

Zip  
33068

Country

USA

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALI, NOZAIRE  
8201 SW 10TH STREET  
NORTH LAUDERDALE FL 33068

Name

NORMA MEA ALI Vice President

Street Address (P.O. Box Number is Not Acceptable)

8201 SW 10th Street

City

North Lauderdale

FL

Zip Code

33068

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

*Norma Mea Ali*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 PD ☐ Delete  
NAME ALI, NOZAIRE  
STREET ADDRESS 8201 SW 10TH STREET  
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE OS ☐ Delete  
NAME PETITE, KENDRIC J  
STREET ADDRESS 13431 NW 3RD ST.  
CITY-ST-ZIP PLANTATION FL 33325

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-06 (954) 6167568

Date

Daytime Phone #