

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90046 018 \*\*\*150.00

<b>DOCUMENT # P04000154351</b>					
<b>1. Entry Name</b> SHERRI SNYDER, INC.					
<b>Principal Place of Business</b> 307 AMHERST AVENUE MELBOURNE FL 32901 US			<b>Mailing Address</b> 307 AMHERST AVENUE MELBOURNE FL 32901 US		
<b>2. Principal Place of Business</b> 145 Palm Bay Rd Suite, Apt. #, etc. 107			<b>3. Mailing Address</b> 1 Suite, Apt. #, etc.		
<b>City &amp; State</b> West Melbourne FL			<b>City &amp; State</b>		
<b>Zip</b> 32901		<b>Country</b> Brazil		<b>4. FEI Number</b> 20-1872814	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b> BOUVIER, PAUL A 3210 N. WICKHAM ROAD 5 MELBOURNE FL 32935			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				<b>9. Election Campaign Financing</b> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. <input type="checkbox"/>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PDTS SNYDER, SHERRI 307 AMHERST AVENUE MELBOURNE FL 32901	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <b>Sherr Snyder</b> <b>2-8-05</b> <b>321 956 2988</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ <b>Date</b> _____ <b>Daytime Phone #</b> _____					