FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 23 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000018264

1. Entity Name
Diana Sheffer P.A.

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5741 SW 16th Ct.	5741 SW 16th Ct.
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State: Plantation FL
Zip: 33317 Country: Broward	Zip: 33317 Country: Broward

4. FEI Number 20-2280518 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Diana Sheffer

Street Address (P.O. Box Number is Not Acceptable): 5741 SW 16th Ct.

City: Plantation FL Zip Code: 33317

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: Diana Sheffer — Diana Sheffer — 5-11-11
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re instating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address: dbsheffer@aol.com
E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Diana Sheffer
STREET ADDRESS	5741 SW 16th Ct.
CITY-ST-ZIP	Plantation, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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5/23

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: Diana Sheffer — Diana Sheffer — 5/11/11 — 9548959177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #