

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000057447

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** SHPRESA IDRIZI, P.A.

**Current Principal Place of Business:**

3005 SR 590  
202  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

3005 SR 590  
202  
CLEARWATER, FL 33759

**New Mailing Address:**

**FEI Number:** 37-1568851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IDRIZI, SHPRESA  
3005 SR 590  
202  
CLEARWATER, FL 33759 US

**Name and Address of New Registered Agent:**

IDRIZI, SHPRESA ESQ.  
3005 SR 590  
202  
CLEARWATER, FL 33759 US

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.

SIGNATURE: SHPRESA IDRIZI

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: IDRIZI, SHPRESA ESQ.  
Address: PO BOX 3664  
City-St-Zip: CLEARWATER, FL 33767

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHPRESA IDRIZI

PRES

03/28/2012

Electronic Signature of Signing Officer or Director

Date