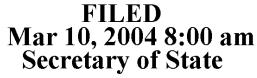
## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



DOCUMENT # P93000008745  1. Entity Name SHOREWOOD ASSOCIATES, INC.						03-10-2004 90023 030 ***150.00					
Principal Place	of Business	Mailing Address									
1926 10TH A SUITE 400	VENUE, NORTH	1926 10TH AVENUE, NORTH Suite 400					, ,				
LAKE WORTH, FL 33461 US		LAKE WORTH, FL 33461 US									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01272004	Chg-P	CR2E034 (10/03)			
City & State		City & State			4. FEI N 11-3		1437	h		plied For t Applicable	
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desire		of Status Desired	ree Required			
	6. Name and Address of Current	Registered Agent		Name		7. Name and Address of New Registered Agent					
PARRA, OLGA E					Michael Bernstein						
1926 10TH SUITE 400	AVENUE, NORTH	Street A			ddress (F	ess (P.O. Box Number is Not Acceptable)					
	RTH, FL 33461		1926 Tenth Avenue North,				Suite 400				
					City Lake Worth				FL Zip Code 33461		
<ol> <li>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.</li> </ol>											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required v						when reinstating)		03/04 DATE	<u>/2004</u>	<u> </u>	
								<del></del> .	·		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont	_	cing		00 May Be ed to Fees	*				
10.	OFFICERS AND		11,			ADDITIONS	CHANGES TO OFFI				
title Name	DP BERNSTEIN, MICHAEL	☐ Delete	TITLE Nami	1				Ш	Change	☐ Addition	
STREET ADDRESS	1926 10TH AVE. N. SUITE 400		STRE	T ADDRESS							
CITY-ST-ZIP	LAKE WORTH, FL 33461	<b></b>	—	\$T-ZIP					05	- Addition	
TITLE NAME	D SHAPIRO, HONORA	Delete	TITLE					L	Change	Addition	
STREET ADDRESS	1926 10TH AVE, N., SUITE 400			ET ADDRESS						}	
CITY-ST-ZIP	LAKE WORTH, FL 33461	☐ Delete	TITLE	ST-ZIP	V D			<b>M</b>	Change	☐ Addition	
NAME	SHAPIRO, STEPHEN J	- Deligité	NAMI			_		<u> </u>	·	1	
STREET ADDRESS CITY-ST-ZIP	1926 10TH AVE. N. SUITE 400 LAKE WORTH, FL 33461		0.7.2	T ADDRESS ST-ZIP						ł	
TITLE	V	Delete	TITLE						Change	Addition	
NAME STREET ADDRESS	KENNEDY, WILLIAM C 1926 10TH AVE. N. SUITE 400	,	NAMA STRE	ET ADDRESS							
CITY-ST-ZIP	LAKE WORTH, FL 33461			ST-ZIP							
TITLE	S	☐ Delete	TITLE						Change	☐ Addition	
NAME Street address	PARRA, OLGA E 1626 10TH AVE. N., SUITE 400		NAMI STRE	: Et adoress							
CITY-ST-ZIP	LAKE WORTH, FL 33461	<del></del>	CITY	-ST-ZIP							
TITLE	VT SESCO, CAROLYN S	☐ Defete	TITLE NAME						Change	Addition	
NAME STREET ADDRESS	1926 10TH AVE. N., SUITE 400			ET ADDRESS			ú			}	
CITY-ST-ZIP	LAKE WORTH, FL 33461			ST-ZIP			, ·				
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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 561-540-6224 1/27/2004 Daytime Phone #