

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90023 030 ***150.00

DOCUMENT # P93000008745					
1. Entity Name SHOREWOOD ASSOCIATES, INC.					
Principal Place of Business 1926 10TH AVENUE, NORTH SUITE 400 LAKE WORTH, FL 33461 US			Mailing Address 1926 10TH AVENUE, NORTH SUITE 400 LAKE WORTH, FL 33461 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3121437	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARRA, OLGA E 1926 10TH AVENUE, NORTH SUITE 400 LAKE WORTH, FL 33461			Name Michael Bernstein		
			Street Address (P.O. Box Number is Not Acceptable)		
			1926 Tenth Avenue North, Suite 400		
			City Lake Worth		FL
			Zip Code 33461		
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: <i>Michael Bernstein</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				03/04/2004 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERNSTEIN, MICHAEL 1926 10TH AVE. N. SUITE 400 LAKE WORTH, FL 33461		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, HONORA 1926 10TH AVE. N., SUITE 400 LAKE WORTH, FL 33461		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAPIRO, STEPHEN J 1926 10TH AVE. N. SUITE 400 LAKE WORTH, FL 33461		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENNEDY, WILLIAM C 1926 10TH AVE. N. SUITE 400 LAKE WORTH, FL 33461		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARRA, OLGA E 1626 10TH AVE. N., SUITE 400 LAKE WORTH, FL 33461		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SESCO, CAROLYN S 1926 10TH AVE. N., SUITE 400 LAKE WORTH, FL 33461		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Michael Bernstein</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/27/2004 561-540-6224 <small>Date Daytime Phone #</small>	
Michael Bernstein, President					