

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000011398

FILED
Jan 16, 2004
Secretary of State

Entity Name: WHITTALL & SHON OF MIAMI, INC.

Current Principal Place of Business:

2150 N.W. MIAMI CT.
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

2150 N.W. MIAMI CT.
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-0388039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTALL, ELIOT
2150 NW MIAMI COURT
MIAMI, FL 33127

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITTALL, ELIOT G
Address: 400 SOUTH POINT DR. #1401
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WHITTALL, ELIOT G
Address: 400 SOUTH POINT DR. #1401
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Change (X) Addition
Name: SHON, RICHARD C
Address: 1000 SOUT PONTE DRIVE, #1201
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ELIOT WHITTALL

PRES

01/16/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date