

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000011398
 1. Entity Name
 WHITTALL & SHON OF MIAMI, INC.

Principal Place of Business Mailing Address
 2150 N.W. MIAMI CT. 2150 N.W. MIAMI CT.
 MIAMI, FL 33127 MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0388039 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WHITTALL, ELIOT
 2150 NW MIAMI COURT
 MIAMI, FL 33127

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES WHITTALL, ELIOT G 400 SOUTH POINT DR. #1401 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHON, RICHARD C 1000 SOUT PONTE DRIVE, #1201 MIAMI BEACH, FL 33139
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 01/07/05-80001-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard C. Shon 1/4/05 305 576 0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #