

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90070 041 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # P93000028421 1. Entity Name SHOREWOOD FINANCIAL, INC. | | | | | |
| Principal Place of Business 1926 TENTH AVENUE NORTH SUITE 400 LAKE WORTH, FL 33461 US | | | Mailing Address 1926 TENTH 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 | 01282004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 65-0405707 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 TENTH 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> | | Michael Bernstein | | 03/30/2004 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <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 | D SHAPIRO, HONORA 1926 TENTH AVENUE NORTH SUITE 400 LAKE WORTH, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S OLGA E. PARRA 1926 TENTH AVENUE NORTH, SUITE 400 LAKE WORTH, FL 33461 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BERNSTEIN, MICHAEL 1926 TENTH AVENUE NORTH SUITE 400 LAKE WORTH, FL 33461 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CAROLYN S. SESCO 1926 TENTH AVENUE NORTH, SUITE 400 LAKE WORTH, FL 33461 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP SHAPIRO, STEPHEN 1926 TENTH AVENUE NORTH SUITE 400 LAKE WORTH, FL 33461 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D V LAKE WORTH, FL 33461 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS HUNTER, MARGARET A 1926 TENTH AVENUE NORTH SUITE 400 LAKE WORTH, FL 33461 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST GRAHAM, PAUL W 1926 TENTH AVENUE NORTH SUITE 400 LAKE WORTH, FL 33461 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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> | | | 1/28/2004 | | 561-540-6224 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |
| MICHAEL BERNSTEIN, PRESIDENT | | | | | |