2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # P93000028421 1. Entity Name SHOREWOOD FINANCIAL, INC.								04-02-2004	•		
Principal Place of Business Mailing Address											
1926 TENTH	1926 TENTH AVENUE N	ипотн									
SUITE 400	I AVENUE INC	жіп	SUITE 400							_	
LAKE WORTH, FL 33461 US LAKE WORTH, FL				161 US							
Date working the option of the morning the option					J			II IAIRE IIII erik re iji eri i			HTT II 1871
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01282004	Chg-P	CR2E03	34 (10/03)	
City & State			City & State				4. FEI Numb 65-040			— <u>⊢</u>	oplied For ot Applicable
Zip	Country		Zip Cour		try		5. Certificate	e of Status Desired		8.75 Add ee Required	
	6. Name	and Address of Current F	Registered Agent	stered Agent			7. Name and Address of New Registered Agent				
			* .	-	Name -	Mich			-		•
PARRA, O					ļ	Michael Bernstein					
		JE NORTH		Street A	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 400		20404				7000					
LAKE WO	Rin, ru	13461				6 Ter	nth Aver	nue North,	<u>Suite</u>		
•;					City L	ake V	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 account the obligations of registered agent.											
i Mighael Barnethain 03/30/3004											
SIGNATURE.	Signature, typed	or printed name of registered agent as						03/30/	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
10.		OFFICERS AND D	DIRECTORS	11.			ADDITIONS	/ CHANGES TO OFFI	ICERS AND	DIRECTORS	S IN 11
TITLE	D Delete				E	s				☐ Change	Addition
NAME	SHAPIRO, HONORA				E	-	E. PARI	O 78			~
STREET ADDRESS	l				ET ADDRESS					-mm 404	^
CITY-ST-ZIP	LAKE WORTH, FL				-ST-ZIP		WORTH.	AVENUE NORT	H, SUI	TE 400	ا
TITLE	DP		· Delete	TITLE		Ţ	- # ***,/:: * ,	- 	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	BERNSTEIN, MICHAEL				E	μ μ	ייאד כי ו	CECO			71
STREET ADDRESS	ADDRESS 1926 TENTH AVENUE NORTH SUITE 400				ET AODRESS		LYN S. S		OII	400	^
CITY-ST-ZIP	LAKE WORTH, FL 33461				-ST-ZIP			AVENUE NORT	H, SU1	TE 400	ງ .
TITLE	EVP		☐ Delete	TITLE	E	B KW	WORTH,	FL 33461		Change Change	Addition
NAME		, STEPHEN	NAM		_				•		
STREET ADDRESS	1926 TEN		ET ADDRESS	ļ	_				A 15		
CITY-ST-ZİP	LAKE WO	ORTH, FL 33461		CITY	-ST-ZIP						
TITLE	AS		☐ De!ete	TITLE						Change	■ Addition
NAME	1	MARGARET A		NAM							
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	LAKE WO	ORTH, FL 33461		CITY	-ST-ZIP						
TITLE	VST	=	Delete	TITLE						Change	☐ Addition
NAME	1	, PAUL W		NAM							
STREET ADDRESS 1926 TENTH AVENUE NORTH SUITE 400					ET ADDRESS						
CITY - ST - ZIP	LAKE WC	ORTH, FL 33461		-	-ST-ZIP						
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME				NAM							
STREET ADDRESS]				ET ADDRESS						
CITY-ST-ZIP		2 2 2 P 1 10			-ST-ZIP	*****		= 11 8(-11)			. ,,
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.											
		- 0		-0-	/			1 /20 /200	.4 EC	7 540	2224
SIGNATURE: 1/28/2004 561-540-6224 SIGNATURE AND TYPED ON PRINTED TABLE OF SIGNING OFFICER ON DIRECTOR Date Date Daylime Phone #										-0224	

MICHAEL BERNSTEIN, PRESIDENT