

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000028421**

1. Entity Name  
**SHOREWOOD FINANCIAL, INC.**



Principal Place of Business  
**625 NORTH FLAGLER DRIVE  
SUITE 625  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**625 NORTH FLAGLER DRIVE  
SUITE 625  
WEST PALM BEACH, FL 33401 US**



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0405707</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BERATEIN, MICHAEL  
625 NORTH FLAGLER DRIVE  
SUITE 625  
WEST PALM BEACH, FL 33-4015**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BERNSTEIN, MICHAEL
STREET ADDRESS	625 N. FLAGLER DR., SUITE 625
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	EVPD
NAME	SHAPIRO, STEPHEN J
STREET ADDRESS	625 N. FLAGLER DR., SUITE 625
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	AS
NAME	HUNTER, MARGARET A
STREET ADDRESS	625 N. FLAGLER DR., SUITE 625
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	ST
NAME	SESCO, CAROLYN S
STREET ADDRESS	625 N. FLAGLER DR., SUITE 625
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000408089  
02/08/06-80027-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Michael Bernstein **Michael Bernstein** 01/12/2006 (561) 352-2280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #