

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000035065**

1. Entity Name  
**SHOP STOP, INC.**



Principal Place of Business  
**101 NORTH OCEAN DRIVE  
SUITE 113  
HOLLYWOOD, FL 33019**

Mailing Address  
**109 BRIDGE ST  
ELKTON, MD 21921 US**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0415005**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**SHURE, MICHAEL  
120 GRAND PALM WAY  
PALM BEACH GARDENS, FL 33418**

**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

*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, 2005 Fee will be \$550.00**

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

1100000203610  
01/29/05-80037-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GREENBERG, DONALD
STREET ADDRESS	109 BRIDGE STREET
CITY - ST - ZIP	ELKTON, MD 21921
TITLE	VP
NAME	SHURE, MICHAEL
STREET ADDRESS	120 GRAND PALM WAY
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 reports 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/05 - 4103981961