


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90016 010 \*\*\*150.00

<b>DOCUMENT # P94000020600</b>	
1. Entity Name <b>SHAREDADS, INC.</b>	

Principal Place of Business <b>4720 NW BOCA RATON BLVD #D-107 BOCA RATON, FL 33431 US</b>	Mailing Address <b>6181 MIAMI LAKES DR E MIAMI LAKES, FL 33014 US</b>
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J4U4U611

2. Principal Place of Business <b>6181 Miami Lakes Dr</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Miami Lakes FL</b>	City & State
Zip <b>33014</b>	Country



03292004 Chg-P CR2E034 (10/03)

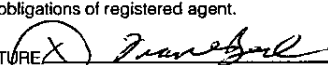
4. FEI Number <b>65-0539825</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>PINES, IRWIN 6181 MIAMI LAKES DR E MIAMI LAKES, FL 33014</b>	
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7. Name and Address of New Registered Agent	
Name <b>FRANK BECK</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6181 Miami Lakes Dr</b>	
City <b>Miami Lakes</b>	FL Zip Code <b>33014</b>

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:  DATE: **4/2/04**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR ESTATE OF IRWIN PINES OWER 6181 MIAMI LAKES DR E MIAMI LAKES, FL 33014 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date <b>4/2/04</b>	Daytime Phone # <b>(305) 231 0911</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR