

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000021141

1. Entity Name
SHIVERS, INC.



Principal Place of Business
**9400 S. DADELAND BLVD.
STE. 605
MIAMI, FL 33156**

Mailing Address
**9400 S. DADELAND BLVD.
STE. 605
MIAMI, FL 33156**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0477361

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

**ELIOT, NORMAN A
9400 S DADELAND BLVD
SUITE 605
MIAMI, FL 33156**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000106581
04/08/04-80021-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CURTIS, L. PERRY
STREET ADDRESS 18103 S.W. 82ND CT
CITY- ST- ZIP MIAMI, FL

TITLE ST
NAME CURTIS, MARTHA
STREET ADDRESS 18103 S.W. 82ND CT
CITY- ST- ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Perry Curtis **April 5, 04** **305-248-9475**

Date

Daytime Phone #