

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000048598**

1. Entity Name  
THE SHARIS GROUP, INC.



Principal Place of Business

5897 S.W. 69TH ST.  
MIAMI, FL 33143

Mailing Address

5897 S.W. 69TH ST.  
MIAMI, FL 33143



03052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0504949

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLS, JOHN W.  
14890 SW 76 COURT  
MIAMI, FL 33158

**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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
DARAVAKIAN, LINDA  
STREET ADDRESS  
5897 S.W. 69TH ST.  
CITY - ST - ZIP  
MIAMI, FL 33143

TITLE  
NAME  
PST  
DARAVAKIAN, SARO  
STREET ADDRESS  
5897 S.W. 69TH ST.  
CITY - ST - ZIP  
MIAMI, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000256773  
03/09/05-80030-002 150.00

**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)(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 an officer like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SARO DARAVAKIAN**

3/5/05

Date

(305) 667-8717

Daytime Phone #