

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000051187					
1. Entity Name SHAPIRO PERTNOY CORP.					
Principal Place of Business 3111 FORTUNE WAY SUITE B18 WEST PALM BEACH FL 33414			Mailing Address 3111 FORTUNE WAY SUITE B18 WEST PALM BEACH FL 33414		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0241234	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEVEN SHAPIRO 3111 FORTUNE WAY, B18 SUITE 211 W. PALM BEACH FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reexisting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May : Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	SHAPIRO, STEVEN		NAME	000000559718	
STREET ADDRESS	311 FUTURE WAY B-18		STREET ADDRESS	05/18/06-80011-008 600.00	
CITY-ST-ZIP	WEST PALM BCH FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	PERTROY, RONNIE		NAME		
STREET ADDRESS	311 FUTURE WAY B-18		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

4/26/06

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