

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90074 030 \*\*\*150.00

**DOCUMENT # P94000087541**

1. Entity Name

SHERWIN P. SIMMONS, P.A.



Principal Place of Business

200 S. BISCAYNE BLVD.  
4000 FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2398

Mailing Address

7944 SW 187TH STREET  
MIAMI FL 33157



2. Principal Place of Business

7944 S.W. 187th St.

3. Mailing Address

7944 SW 187TH STREET

Suite, Apt. #, etc.

MIAMI, FL.

Suite, Apt. #, etc.

City & State

City & State

Zip

33157

Country

DADE

Zip

Country

4. FEI Number

65-0545909

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

SIMMONS, SHERWIN P  
200 S. BISCAYNE BLVD.  
4000 FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2398

7. Name and Address of New Registered Agent

Name

SIMMONS, SHERWIN P.

Street Address (Or Box Number is Not Acceptable)

7944 S.W. 187th Street

City

MIAMI

City

MIAMI

FL

Zip Code

33157

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/23/05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SIMMONS, SHERWIN P  
STREET ADDRESS 200 S. BISCAYNE BLVD., #4000  
CITY-ST-ZIP MIAMI FL 33131-2398

TITLE PD ☐ Delete  
NAME SIMMONS, SHERWIN P  
STREET ADDRESS 200 S BISCAYNE BLVD 4000  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7944 S.W. 187th St.  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7944 S.W. 187th St.  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05 305/971-4800

Date

Daytime Phone #