## \*2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 09, 2004 8:00 am Secretary of State

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DOCUMENT # P9400088364  1. Entity Name SHIMAN BROS., INC.						08-09-2004 90001 032 ***150.00				
Deignal Disas	of Dualpage	Mailing Address					540	67319		
Principal Place of Business 11166 ISLE BROOK COURT WEST PALM BEACH, FL 33414		11166 ISLE BROOK COURT WEST PALM BEACH, FL 33414 US		US			010			
						INII NIBY NAII BAIR N	ANII <b>Pa</b> lei Jeisi I	ATER AND BUILDING	1886   1881	
2 Principal Pl	ace of Business	3. Mailing Address								
	SLE BROOK COURT	<b>3</b>		1 14 6 1 6 6 1 8 1	\$RITY DIBII BRIII OBIII D					
Suite, Apt.		Suite, Apt. #, etc.		07122004	Chg-P	CDOE	034 (10/03)			
WELLING TON, FLORIBA		<del></del>			07122004	Crig-F	UNZE	334 (10/03)		
City & State		City & State		4. FEI Numbe			Ap	plied For		
					65-0564	1064		No	t Applicable	
Zip 33414- 7	Country PAJA REACH	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New	Registered	Agent		
Name KEANETH							,			
KAUFMAN, KENNETH				Street Address (P.O. Box Number is Not Acceptable)						
	M BEACH, FL 33414			blict / daloss (i .c. box / dilibor is / is / isooptasis)						
			,							
				City				Zip Code		
	4			L			Fl	-		
8. The above	named entity submits this statement for	the purpose of changing its	s registere	ed office or regist	ered agent, or bot	h, in the State of I	Florida. I am	familiar with,	and accept	
the obligations of registered agent. LIBN 1913 THE KAUTEWAN										
SIGNATURE LUMBER FRAUE MAN PRESIDENT JULY 29, 2004 Signature, logad or princed name of registered agent and upon absolicable. (NOTE: Registered Agent signature required when rein-stating)  DATE										
	Signature, lyped or printed name of registered agent as	nd Med ausolicable. (NO	TE: Registere	d Agent signature requit	(guitatemar nerth ber		DATE.			
	LE NOWIII FEE IS \$550.00 ue by September 8, 2004	9. Election Campa Trust Fund Con			5.00 May Be ided to Fees					
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FICERS AN	D DIRECTORS	S IN 11	
TITLE	PD	☐ Delete	TITLE					Change	Addition	
NAME.	KAUFMAN, KENNETH		MAM	E						
STREET ADDRESS	11166 ISLE BROOK COURT			ET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY	-ST-ZIP						
TITLE	vs	☐ Defete	TALE	l l				Change	☐ Addition	
NAME	COHEN, MURRAY J		NAM	<b>I</b>						
STREET ADDRESS	3546 SOUTH OCEAN BOULEVAR	RD	1	ET ADDRESS						
CITY-SI-ZIP	PALM BEACH, FL 33480			-ST-ZIP						
TITLE		☐ Delete	TITLE	ţ				☐ Change	☐ Addition	
NAME STREET ADDRESS	· ·		NAM	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
	1	,	TITLE					☐ Charige	Andres.	
TITLE NAME		L Delete	NAM	<b>-</b> -	•			□ cuange	Addition	
STREET ADDRESS	1			ET ADDRESS						
CHY-ST-ZIP	·			- ST - ZIP						
TITLE		☐ Delete	TITLE	[				☐ Change	Addition	
NAME			NAM	E				_ •		
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP				<u></u>		
TITLC		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAM							
STREET ADDRESS				ET ADDRESS						
CHY-ST-ZIP				-S1-ZIP						
12. I hereby of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	this filing does not qualify for true and accurate and that wered to execute this repor-	or the exe my signa I as requi	mption stated in t ture shall have th ired by Chapter 6	Section 119.07(3)(i le same legal effec i07, Florida Statute	i), Florida Statute t as if made unde s; and that my na	s. I further ca er gath; that ame appears	ertify that the ii I am an officer i in Block 10 oi	nformation or director r Block 11 if	

561798 2401 KENNETH KAUFMAN IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylime Phone #