2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 21, 2005 8:00 am Secretary of State DOCUMENT # P94000088364 1. Entity Name 02-21-2005 90082 004 \*\*\*150.00 SHIMAN BROS., INC. Principal Place of Business Mailing Address 11166 ISLE BROOK COURT WEST PALM BEACH FL 33414 - 7038 11166 ISLE BROOK COURT WEST PALM BEACH FL 33414→ 7038 20014297 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0564064 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAUFMAN, KENNETH Street Address (P.O. Box Number is Not Acceptable) 11166 ISLE BROOK COURT WEST PALM BEACH FL 33414 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Defete TITLE Change ☐ Addition NAME KAUFMAN, KENNETH NAME STREET ADDRESS 11166 ISLE BROOK COURT STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33414 CITY-ST-ZIP VS. TITLE **∑Si**Delete TITLE Change ☐ Addition COHEN, MURRAY J NAME NAME STREET ADDRESS 3546 SOUTH OCEAN BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL 33480 ☐ Addition PETER KAUFMAN NAME NAME 11166 ISLE BROOKS COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WELLINGTON EL 33414-7038 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MIMI A. KAUFMAN NAME NAME STREET ADDRESS STREET ADDRESS 1116 ISLE BROOKS COURT WELLINGTON FL. 33414- 7038 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITL F ☐ Delete TITLE Change ☐ Addition 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 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.

**FILED** 

FEB. 16, 2005 561 798 2401