FILED
Jun 12, 2006 8:00 am
Secretary of State
05-02-2006 90156 015 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000049286

1. Entity Name
SHAPOVALOV & BORETH, P.A.

66018474

Principal Place of Business	Mailing Address
16300 NE 19TH AVE 250 NORTH MIAMI BEACH, FL 33162 US	16300 NE 19TH AVE SUITE 250 NORTH MIAMI BEACH, FL 33162 US

2. Principal Place of Business		3. Mailing Address	
400 SE 12th St		400 SE 12th Street	
Suite, Apt. #, etc. Bldg C		Suite, Apt. #, etc. Bldg C	
City & State Ft. Lauderdale FL		City & State Ft Lauderdale FL	
Zip 33316	Country USA	Zip 33316	Country USA

04272006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0670606 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAPOVALOV, INNA 16300 NE 19TH AVE SUITE 250 N MIAMI BEACH, FL 33162	Name Inna Shapovalov Street Address (P.O. Box Number is Not Acceptable) 400 SE 12th St Building C City Ft Lauderdale FL Zip Code 33316

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] 4/27/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHAPOVALOV, INNA ~~16300 NE 19TH AVE, STE 250~~ 400 SE 12th ST #C ~~NORTH MIAMI BEACH, FL~~ FT LAUDERDALE FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BORETH, EDWARD 400 SE 12th ST #C ~~16300 NE 19TH AVE STE 250~~ FT LAUDERDALE ~~NORTH MIAMI BEACH, FL 33162~~ FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature] 4/27/06 9545224465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #