

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000049286

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



Principal Place of Business

400 SE 12TH ST
BLDG C
FORT LAUDERDALE, FL 33316 US

Mailing Address

400 SE 12TH ST
BLDG C
FORT LAUDERDALE, FL 33316 US

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07302008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0670606

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

SHAPOVALOV, INNA
400 SE 12TH ST., BLDG C
FORT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000956959
08/04/08-80003-007 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SHAPOVALOV, INNA
400 SE 12TH STREET, BLDG C
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BORETH, EDWARD
400 SE 12TH STREET, BLDG C
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INNA SHAPOVALOV
PRESIDENT

8/30/2008

Date

954 522 4115

Daytime Phone #