

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000077893

1. Entity Name
SHEFTALL & TORRES, P.A.



Principal Place of Business
100 SOUTHEAST SECOND STREET
SUITE 2220
MIAMI, FL 33131-1101

Mailing Address
100 SOUTHEAST SECOND STREET
SUITE 2220
MIAMI, FL 33131-1101



01202006 No Chg-P CRZED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0698226

Applied For
Not Applicable

\$9.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEFTALL, SCOTT D
1420 LUGO AVENUE
CORAL GABLES, FL 33156

**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 file if applicable

(NOTE: Registered Agent signature required when re-registering)

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

TITLE PD
NAME SHEFTALL, SCOTT D
STREET ADDRESS 1420 LUGO AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE VD
NAME TORRES, BRIAN M
STREET ADDRESS 4711 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000487881
04/14/06-80004-020 150.00

**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

3/31/06

(305) 358-5959