


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000025067			
1. Entity Name MAJID A. SHAMS, PH.D., P.A.			
Principal Place of Business 12788 W FOREST HILL BLVD SUITE 1002 WEST PALM BEACH, FL 33414 US		Mailing Address 15940 PINE STRAND CT WELLINGTON, FL 33414 US	
DO NOT WRITE IN THIS SPACE			
		04062007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0739300		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAMS, MAJID A 15940 PINE STRAND COURT WELLINGTON, FL 33414		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000696184 04/17/07-20090-002-150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. SHAMS, MAJID A PH.D. 12788 W FOREST HILL BLVD STE 1002 WEST PALM BEACH, FL 33414	DO NOT WRITE IN THIS SPACE	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/6/07 (561)753-5997 <small>Date Daytime Phone #</small>	