

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90036 027 ***150.00

DOCUMENT # P98000051626

1. Entity Name
SHARAS KEY SOLUTIONS, INC.



Principal Place of Business
**1270 NE 26 TERRACE
POMPANO BEACH, FL 33062**

Mailing Address
**1270 NE 26 TERRACE
POMPANO BEACH, FL 33062**

DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0843012

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLISTON, TODD W
8211 W BROWARD BLVD STE 375
PLANTATION, FL 33324**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHARAS, PETE
STREET ADDRESS	1270 NE 26 TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	VP
NAME	SHARAS, NICHOLAS
STREET ADDRESS	1270 NE 26 TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	TR/SEC.
NAME	SHARAS, JOAN
STREET ADDRESS	1270 N.E. 26 TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33062
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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2005 **954-781-2528**

Date

Daytime Phone #