

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

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**



04102006 No Chg-P CR2E034 (11/05)

**4. FEI Number
65-0843012**

**Applied For
Not Applicable**

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

DO NOT WRITE IN THIS SPACE

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, 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 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 26TH TERR
CITY-ST-ZIP POMPANO BEACH, FL 33062**

**TITLE TS
NAME SHARAS, JOHN
STREET ADDRESS 1270 NE 26TH TERR
CITY-ST-ZIP POMPANO BEACH, FL 33062**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**000000510556
04/29/06-80011-019 150.00**

**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: *Joan M. Sharas* JOAN M. Sharas

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

***April 10, 2006* 954-78-2558**

Date

Daytime Phone #