

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000053552

1. Entity Name  
ALLEN & SHAW CREMATIONS, INC.



Principal Place of Business  
13931 N.W. 20TH COURT  
OPA-LOCKA, FL 33054 US

Mailing Address  
P.O. BOX 540982  
OPA-LOCKA, FL 33054 US



07062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0843508

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BROWN, M L  
13931 N.W. 20TH COURT  
OPA-LOCKA, FL 33054

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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)

U00000573363

08/04/06-90004-015 150.00

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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  
DPT  
SHAW, MARIAN L  
13931 N.W. 20TH COURT  
OPA-LOCKA, FL 33054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPS  
NOWAK, PAUL  
13931 N.W. 20TH COURT  
OPA-LOCKA, FL 33054

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:

*Marian L. Shaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-06

Date

Daytime Phone #