

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90281 050 ***150.00

DOCUMENT # P98000107190

1. Entity Name
SHEROS & ASSOCIATES, INC.



Principal Place of Business
**1349 BARCELOMA WAY
WESTON, FL 33327**

Mailing Address
**13156 NW 7TH AVE.
N. MIAMI, FL 33168**

14011501

2. Principal Place of Business

1349 Barcelona Way
Suite, Apt. #, etc.

3. Mailing Address

1349 Barcelona Way
Suite, Apt. #, etc.



04272004

Chg-P

CR2E034 (10/03)

City & State

Weston, FL

Zip

33327

Country

USA

City & State

Weston, FL

Zip

33327

Country

USA

4. FEI Number

65-0889361

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, SANDRA M
1399 BARCELOMA WAY
N. MIAMI, FL 33168**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Weston

FL

Zip Code

33327

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D FERNANDEZ, SANDRA M**
STREET ADDRESS **1399 BARCELONA WAY**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ Delete
NAME **D FERNANDEZ, ABRAHAM**
STREET ADDRESS **P.O. BOX 612482**
CITY-ST-ZIP **NORTH MIAMI, FL 332612482**

TITLE ☐ Delete
NAME **D FERNANDEZ, INES**
STREET ADDRESS **563 NW 83RD ST.**
CITY-ST-ZIP **MIAMI, FL 33150**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/28/04

Date

(954) 445-5666

Daytime Phone #