

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P98000107190

1. Entity Name
SHEROS & ASSOCIATES, INC.



Principal Place of Business

**1399 BARCELONA WAY
WESTON, FL 33327**

Mailing Address

**1399 BARCELONA WAY
WESTON, FL 33327**



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0889361

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

**FERNANDEZ, SANDRA M
1399 BARCELOMA WAY
WESTON, FL 33327**

**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 not starting)

DATE _____

**- FILE NOW!!! - FEE IS \$150.00
Due by September 14, 2007**

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 D
NAME FERNANDEZ, SANDRA M
STREET ADDRESS 1399 BARCELUNA WAY
CITY-ST-ZIP WESTON, FL 33327

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

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

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**

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05/29/07-80020-009 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #