

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90013 014 \*\*\*150.00

**DOCUMENT # P99000090632**

1. Entity Name  
**SHAMROCK PROPERTIES, INC.**



Principal Place of Business

Mailing Address

~~1000 SOUTH POINTE DR APT 304 CL  
MIAMI BEACH FL 33139~~

~~1000 SOUTH POINTE DR APT 304 CL  
MIAMI BEACH FL 33139~~

24003337



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0959605**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~O'BRIEN, EDWARD  
1000 SOUTH POINTE DR APT 304 CL  
MIAMI BEACH, FL 33139~~

**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

*Edward O'Brien*  
Signature, typed or printed name of registered agent and title if applicable.

*PRESIDENT*  
(NOTE: Registered Agent signature required when reinstating)

*1/12/04*  
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	P
NAME	O'BRIEN, EDWARD
STREET ADDRESS	1000 SOUTH POINTE DR APT 304 CL
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	PRES
NAME	1063 HILLSBORO MILE#206
STREET ADDRESS	HILLSBORO BEACH, FL 33062
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 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:**

*Edward O'Brien*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
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State of Florida  
84321

## ANNUAL REPORT NOTICE

0227502 01 AV 0.176 \*\*AUTO TO 1 1201 33062-216356



SHAMROCK PROPERTIES, INC.  
1063 HILLSBORO MILE APT 206  
HILLSBORO BEACH FL 33062-2163

### To receive a form by mail:

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

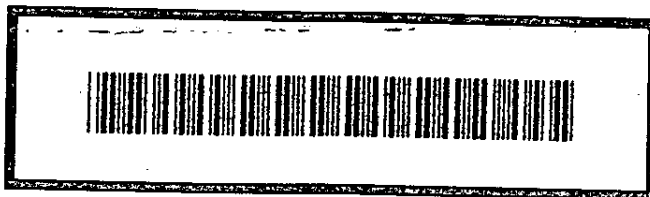
SP20000090632  
SHAMROCK PROPERTIES, INC.  
1063 HILLSBORO MILE APT 206  
HILLSBORO BEACH FL 33062-2163

Change of Address

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THIS IS OUR  
CORRECT ADDRESS



TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.

CR2E095 10/03