

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90038 047 ***150.00

DOCUMENT # P99000098551

1. Entity Name

SHUKY LASER PRODUCTS CORP.



Principal Place of Business

3837 N ANDREWS AVE
OAKLAND PARK FL 33309

Mailing Address

3837 N ANDREWS AVE
OAKLAND PARK FL 33309

2. Principal Place of Business

22580 LANYARD ST

3. Mailing Address

22580 LANYARD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State BOCA RATON FL

City & State BOCA RATON FL

4. FEI Number 65-0955717

Applied For
Not Applicable

Zip 33428

Country U.S.A

Zip 33428

Country U.S.A

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

6. Name and Address of Current Registered Agent

GIVEON, JOSHUA
3837 N ANDREWS AVE
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name GIVEON JOSHUA
Street Address (P.O. Box Number is Not Acceptable)
22580 LANYARD ST
City BOCA RATON FL Zip Code 33428

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GIVEON, JOSHUA	
STREET ADDRESS	3837 N ANDREWS AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

JOSHUA GIVEON

3/15/04 861-292-2558
Date Daytime Phone #