

1072

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/20/2004-90001-020-\$150.00-\$150.00

04 OCT 25 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # S02259			
1. Entity Name SHIRLINE, INC.			
Principal Place of Business 19635 40TH STATE RD., #7 BOCA RATON FL 33498 US		Mailing Address 19635 40TH STATE RD., #7 BOCA RATON FL 33498 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0216221			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARLINE ARAN 8427 CYPRESS LANE BOCA RATON FL 33433		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ARAN, ARLINE 8427 CYPRESS LANE BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, 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: <u>Arline Aran Pres.</u>		Date: <u>9/8/04</u> Daytime Phone #: <u>561-451-0500</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



MOORE CR2E034 (4/04)

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**BOCA
PALM
ACCOUNTING**

FILED

04 OCT 25 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 21, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Please abate an additional late fee of \$400.00 for Shirline, Inc.

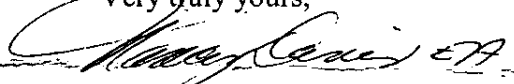
My client did not receive prior notice. When I was aware Arline Aran of Shirline's had not filed her Annual Report, we telephoned the state for the Annual report.

With the business closed from the Hurricanes business was not as usual.

As soon as she received the form she mailed the \$150.00 fee.

Thank you for your cooperation in this matter.

Very truly yours,



Nancy Davis E.A.