

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90079 025 \*\*\*150.00

**DOCUMENT # S11201**

1. Entity Name

SHORE INTERNATIONAL, INC.



Principal Place of Business

1500 NORTHWEST 8TH STREET  
BOCA RATON FL 33486

Mailing Address

1500 NORTHWEST 8TH STREET  
BOCA RATON FL 33486

2. Principal Place of Business

1607 Classical Blvd  
Suite, Apt. #, etc.

3. Mailing Address

1607 W. Classical Blvd  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Delray Beach

City & State

Delray Beach

4. FEI Number

65-0237035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHORE, MICHAEL  
1500 NORTHWEST 8TH STREET  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Shore, Michael

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

1607 Classical Blvd

City, Delray Beach

FL

33445

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	PD	<input type="checkbox"/> Delete
NAME	SHORE, MICHAEL	
STREET ADDRESS	1500 N.W. 8TH STREET	
CITY-ST-ZIP	BOCA RATON FL Delray Beach FL 33445	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHORE, KATHLEEN	
STREET ADDRESS	1500 N.W. 8TH STREET	
CITY-ST-ZIP	BOCA RATON FL Delray Beach FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	
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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)(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:

Michael P. Shore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10/04

Date

Daytime Phone #