


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90303 033 \*\*\*150.00

**DOCUMENT # S13351**

1. Entity Name  
**OSHEROW ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

**225 NE MIZNER BLVD.  
 SUITE 522  
 BOCA RATON FL 33432  
 US**

**225 NE MIZNER BLVD.  
 SUITE 522  
 BOCA RATON FL 33432  
 US**

**14012618**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

**150 E. Palmetto Park Road**      **150 E. Palmetto Park Road**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**# 405**      **# 405**

City & State      City & State

**Boca Raton, FL**      **Boca Raton, FL**

Zip      Country      Zip      Country

**33432**      **USA**      **33432**      **USA**

4. FEI Number      Applied For

**65-0229338**       Not Applicable

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

6. Name and Address of Current Registered Agent

**OSHEROW SHEPARD D  
 3700 S OCEAN BLVD  
 1701  
 HIGHLAND BEACH FL 33487**

7. Name and Address of New Registered Agent

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 \$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	DPV	<input type="checkbox"/> Delete
NAME	OSHEROW, SHEPARD	
STREET ADDRESS	225 NE MIZNER BLVD. SUITE 522	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OSHEROW, SHEPARD	
STREET ADDRESS	225 NE MIZNER BLVD. SUITE 522	
CITY-ST-ZIP	BOCA RATON FL 33432	
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	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Osherow, Shepard	
STREET ADDRESS	150 E. Palmetto Park Road, Suite 405	
CITY-ST-ZIP	Boca Raton FL 33432	
TITLE	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Osherow, Shepard	
STREET ADDRESS	150 E. Palmetto Park Road, #405	
CITY-ST-ZIP	Boca Raton, FL 33432	
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
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:** *Shepard Osherow*      Date: **4/22/04**      Daytime Phone #: **561-416-2511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR