

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90750 010 \*\*\*150.00

<b>DOCUMENT # V52915</b> 1. Entity Name <b>SHARAH I, INC.</b>			
Principal Place of Business <b>6203 OLD WINTER GARDEN RD ORLANDO, FL 32811</b>		Mailing Address <b>PO BOX 8056 LONGBOAT KEY, FL 34228 US</b>	
2. Principal Place of Business <b>40 SHAW - 14F</b> Suite, Apt. #, etc. <b>2425 Gulf of Mexico Drive</b>		3. Mailing Address Suite, Apt. #, etc. 	
City & State <b>Longboat Key, FL</b>		City & State 	
Zip <b>34228</b>		Country <b>U S A</b>	
4. FEI Number <b>65-0348300</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHAW, PETER J 2425 GULF OF MEXICO DRIVE SUITE 14F LONGBOAT KEY, FL 34228</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>PETER J. SHAW</b> <span style="float: right;">4/28/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, PETER J. 2425 GULF OF MEXICO DRIVE, STE 14F LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST RAHMAN-SHAW, NAZEELA 2425 GULF OF MEXICO DRIVE, STE. 14F LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>PETER J. SHAW</b>		Date <b>4/28/04</b> Daytime Phone # <b>741-366-1501</b>	