

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90752 006 ***150.00

DOCUMENT # V52916 1. Entity Name SHARAH II, INC.			
Principal Place of Business 515 WEST KALEY ORLANDO, FL 32805		Mailing Address P.O. BOX 8056 LONGBOAT KEY, FL 34228 US	
2. Principal Place of Business 10 SHAW - 14F Suite, Apt. #, etc. 2425 Gulf of Mexico Drive		3. Mailing Address Suite, Apt. #, etc. City & State Longboat Key FL	
City & State Longboat Key FL		4. FEI Number 65-0346622	
Zip 34228		Country 	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04202004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SHAW, PETER J 2425 GULF OF MEXICO DRIVE SUITE 14F LONGBOAT KEY, FL 34228		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Peter J. Shaw</i></u> PETER J. SHAW 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 PD NAME SHAW, PETER J. STREET ADDRESS 2425 GULF OF MEXICO DRIVE STE. 14F CITY-ST-ZIP LONGBOAT KEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME RAHMAN-SHAW, NAZEELA STREET ADDRESS 2425 GULF OF MEXICO DRIVE STE. 14F CITY-ST-ZIP LONGBOAT KEY, FL	<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)(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: <u><i>Peter J. Shaw</i></u> PETER J. SHAW <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/28/04 Daytime Phone # 941 366 1001	