

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 644611

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC0809112002**

**Entity Name:** CHARLES SHAPIRO & ASSOCIATES, INC.

**Current Principal Place of Business:**

179 CHUNILOTI WAY  
LOUDON, TN 37774

**Current Mailing Address:**

179 CHUNILOTI WAY  
LOUDON, TN 37774 US

**FEI Number:** 59-1952279

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHAPIRO, CHARLES MPRES.  
3811 THOMAS ST  
HOLLYWOOD, FL 33021 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SHAPIRO, CHARLES MPRES.  
Address 179 CHUNILOTI WAY  
City-State-Zip: LOUDON TN 37774

Title ST  
Name SHAPIRO, ANNA BST  
Address 3811 THOMAS STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title VP  
Name SHAPIRO, KAREN SV  
Address 179 CHUNILOTI WAY  
City-State-Zip: LOUDON TN 37774

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES M. SHAPIRO, PRES.

**PRESIDENT**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date