

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000011183

**Entity Name:** SHABRO SOLUTIONS CORP

**Current Principal Place of Business:**

10471 SIX MILE CYPRESS PKWY  
SUITE 403  
FORT MYERS, FL 33966

**Current Mailing Address:**

10471 SIX MILE CYPRESS PKWY  
SUITE 403  
FORT MYERS, FL 33966 US

**FEI Number:** 46-2980735

**Certificate of Status Desired:** No

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

BROTHERTON, SHARON E  
10471 SIX MILE CYPRESS PKWY  
SUITE 403  
FORT MYERS, FL 33966 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 BROTHERTON, SHARON E  
Address 10471 SIX MILE CYPRESS PKWY  
SUITE 403  
City-State-Zip: FORT MYERS FL 33966

*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:** SHARON E BROTHERTON

**PRESIDENT**

**04/21/2025**

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

\_\_\_\_\_  
Date