


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 576199**  
 1. Entity Name  
**SROUR EXPORT, INC.**



Principal Place of Business      Mailing Address  
**600 PARKVIEW DR. #1108**      **POST OFFICE BOX 2128**  
**HALLANDALE, FL 33009**      **HALLANDALE, FL 33008**

**DO NOT WRITE IN THIS SPACE**



02062004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1826454**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SROUR, SHLOMO**  
**600 PARKVIEW DR.**  
**STE. 1108**  
**HALLANDALE, FL 33009**

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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**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U00000101093  
 04/01/04-80034-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SROUR, SHLOMO 600 PARKVIEW DR., STE. 1108 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SROUR, MARY 600 PARKVIEW DR., STE. 1108 HALLANDALE, FL 33009
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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 an officer like empowered.

**SIGNATURE:**       **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: **3/29/04**      Daytime Phone # \_\_\_\_\_