


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90177 004 ***150.00

DOCUMENT # P02000127294

1. Entity Name
 15327 HOLDINGS INC.



Principal Place of Business
 4100 N. 28TH TERR.
 HOLLYWOOD, FL 33020

Mailing Address
 4100 N. 28TH TERR.
 HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number
 06-1663501

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STONE, ADELE I ESQ.
 100 SE 3RD AVE
 STE 1400
 FORT LAUDERDALE, FL 33394

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	OVAKNIN, AVI
STREET ADDRESS	4100 N. 28TH TERR.
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	P
NAME	MALINASKY, DORON
STREET ADDRESS	4100 N. 28TH TERR.
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	V
NAME	LEVY, ELIYAHU
STREET ADDRESS	4100 N 28TH TERR
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	Y
NAME	ISRAEL, NETSAH
STREET ADDRESS	4100 N. 28TH TERR.
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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: _____ Date: 04/10/07 Daytime Phone #: 954 924 9779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR