2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State
04-09-2004 90063 023 ***150.00

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1. Entity Name
LEVMOF, INC.

54029678

Principal Place of Business	Mailing Address
7700 CONGRESS AVENUE BLDG. 2000, SUITE 2208 BOCA RATON, FL 33487	7700 CONGRESS AVENUE BLDG. 2000, SUITE 2208 BOCA RATON, FL 33487

04052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6001 Broken Sound PKWY	6001 Broken Sound PKWY.
Suite, Apt. #, etc. 414	Suite, Apt. #, etc. 414
City & State: BOCA RATON, FLORIDA	City & State: BOCA RATON, FLORIDA
Zip: 33487 Country: U.S.A.	Zip: 33487 Country: U.S.A

4. FEI Number: 03-0519274 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOFSHIN, HOWARD 7700 CONGRESS AVENUE BLDG. 2000, SUITE 2208 BOCA RATON, FL 33487	Name: Jeff Levine Street Address (P.O. Box Number is Not Acceptable): 6001 Broken Sound Parkway Suite # 414 City: BOCA RATON FL Zip Code 33487

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 [signature] DATE 4/6/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☒ Delete	TITLE	President ☐ Change ☒ Addition
NAME	MOFSHIN, HOWARD	NAME	Jeff Levine
STREET ADDRESS	7700 CONGRESS AVENUE, SUITE 2208	STREET ADDRESS	6001 Broken Sound PKWY # 414
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	BOCA RATON, FLORIDA 33487
TITLE	~~President~~ ☐ Delete	TITLE	Vice President ☐ Change ☒ Addition
NAME	~~Jeff Levine~~	NAME	Jonathon Schwartz
STREET ADDRESS	~~6001 Broken Sound PKWY #414~~	STREET ADDRESS	11 Oswego Lane
CITY-ST-ZIP	~~BOCA RATON, FL 33487~~	CITY-ST-ZIP	Short Hills, N.J. 07078
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] JEFF LEVINE 4/6/04 561 912 9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #