

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000079945**

1. Entity Name  
**MITZVAH ENTERPRISES, INC.**



Principal Place of Business  
 2300 GLADES RD  
 STE 360W  
 BOCA RATON, FL 33431 US

Mailing Address  
 2300 GLADES RD  
 STE 360W  
 BOCA RATON, FL 33431 US



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0447985** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

SCHREIBER, BRUCE  
 2300 GLADES RD  
 STE 360W  
 BOCA RATON, FL 33431

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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, 2007 Fee will be \$550.00**

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

U00000702931  
 04/20/07-80121-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SCHREIBER, BRUCE
STREET ADDRESS	2300 GLADES RD #360W
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VP
NAME	SCHREIBER, LOUIS
STREET ADDRESS	2300 GLADES RD #360W
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	ST
NAME	SCHREIBER, SYDNEY
STREET ADDRESS	2300 GLADES RD #360W
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Bruce Schreiber **BRUCE Schreiber** 4-10-07 561-753-1900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #