
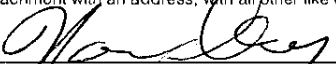


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90031 047 ***150.00

DOCUMENT # J38840 1. Entity Name ILISA DREW CORP.					
Principal Place of Business % GARY P. COHEN 46 S.W. 1ST STREET, SUITE #400 MIAMI, FL 33130			Mailing Address % GARY P. COHEN 46 S.W. 1ST STREET, SUITE #400 MIAMI, FL 33130		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02102004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 06-5385926	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, GARY P. 46 S.W. 1ST STREET SUITE #400 MIAMI, FL 33130				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELSON, NORMAN 701 S. ALHAMBRA CIRCLE CORAL GABLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	701 S. ALHAMBRA CIRCLE Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLUB, ILISA 6855 SW 112 STREET MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	701 S. ALHAMBRA CIRCLE Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELSON, ANDREW 8075 S.W. 107TH AVE #103 MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	701 S. ALHAMBRA CIRCLE Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
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: 			Norman Elson 2/24/04 305-883-1920		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



Attachment
24020504

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 11, 2004

ILISA DREW CORP.
% GARY P. COHEN
46 S.W. 1ST STREET, SUITE #400
MIAMI, FL 33130

SUBJECT: ILISA DREW CORP.
Ref. Number: J38840

We have received your document for ILISA DREW CORP. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 004A00009301



Division of Corporations

Annual Report

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Document Number

J38840

Business Entity Name

ILISA DREW CORP.

FEI Number

065385926

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

% GARY P. COHEN

Suite, Apt. #, etc.

46 S.W. 1ST STREET, SUITE #400

City, State

MIAMI

FL

Zip Code & Country

33130

Mailing Address

Address

% GARY P. COHEN

Suite, Apt. #, etc.

46 S.W. 1ST STREET, SUITE #400

City, State

MIAMI

FL

Zip Code & Country

33130

Name And Address of Registered Agent

Name.(Last, First, Middle, Title)

-or- RA Business Name

COHEN, GARY P.

Address

46 S.W. 1ST STREET

Suite, Apt. #, etc.

SUITE #400

City, State

MIAMI

FL

Zip Code & Country

33130

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Gary P. Cohen



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Document Number
J38840
Business Entity Name
ILISA DREW CORP.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	DP
Name (Last, First, Middle, Title)	
-or- Entity Name	ELSON, NORMAN
Street Address	701 S. ALHAMBRA CIRCLE
City, State	CORAL GABLES, FL
Zip Code & Country	

Title	D
Name (Last, First, Middle, Title)	
-or- Entity Name	GOLUB, ILISA
Street Address	6855 SW 112 STREET
City, State	MIAMI, FL
Zip Code & Country	

Title	D
Name (Last, First, Middle, Title)	
-or- Entity Name	ELSON, ANDREW
Street Address	8075 S.W. 107TH AVE #103
City, State	MIAMI, FL
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	