

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-04-2004 90230 049 ****50.00

DOCUMENT # L03000000939	
1. Entity Name C.S.MAZAL#2, LLC	

Principal Place of Business 19355 TURNBERRY WAY APT. 25GR AVENTURA, FL 33180	Mailing Address 19355 TURNBERRY WAY APT. 25GR AVENTURA, FL 33180
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34000862



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0881798	Applied For ☐ Not Applied
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
FILINGS, INC. 3732 NORTHWEST 16TH STREET FT. LAUDERDALE, FL 33311	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 reissuing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOFFER, CLEMENT 19355 TURNBERRY WAY AVENTURA, FL 33180 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Clement Soffer* 1/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

L03000000939

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-0881798 OMB No. 1545-0003	
1 Legal name of entity (or individual) for whom the EIN is being requested CS Mazal 2 LLC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a Mailing address (room, apt., suite no. and street, or P.O. box) 19355 Turnberry Way Apt 25GR			5a Street address (if different) (Do not enter a P.O. box)		
4b City, state, and ZIP code Aventura FL 33180 - 2577			5b City, state, and ZIP code		
6 County and state where principal business is located County Miami Dade State FL					
7a Name of principal officer, general partner, grantor, owner, or trustor Clement Soffer			7b SSN, ITIN, EIN 083-32-9468		
8a Type of entity (check only one) ☐ Sole Proprietor (SSN) ☐ Partnership ☐ Corporation (enter form number to be filed) ▶ ☐ Personal Service ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ ☒ Other (specify) ▶ Single Member LLC			☐ Estate (SSN of decedent) ☐ Plan administrator (SSN) ☐ Trust (SSN of grantor) ☐ National Guard ☐ Farmers' cooperative ☐ REMIC ☐ State/local government ☐ Federal government/military ☐ Indian tribal government/enterprises Group Exemption NO. (GEN) ▶		
8b If a corporation, name the state or foreign country (if applicable) where incorporated			State		Foreign country
9 Reason for applying (check only one) ☒ Started new business (specify type) Real Estate Invest ☐ Hired employees (Check the box and see line 12) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶			☐ Banking purpose (specify purpose) ▶ ☐ Changed type of organization (specify new type) ▶ ☐ Purchased going business ☐ Created a trust (specify type) ▶ ☐ Created a pension plan (specify type) ▶		
10 Date business started or acquired (month, day, year) JAN 8 2003			11 Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0."</i>			Agriculture 0	Household 0	Other 0
14 Check box that best describes the principal activity of your business ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Other (specify) ☐ Retail ☐ Wholesale-other					
15 Indicate principal line of merchandise sold; specific construction work done, products produced; or services provided. Real Estate					
16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No <i>Note: If "Yes" please complete lines 16b and 16c.</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above Legal name ▶ Clement Soffer PA Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN MAY 21 2001 Miami FL 65 - 1154730					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name Allen Levi CPA Address and ZIP code 20590 W Oldie Hwy N Miami Beach FL 33180			Designee's telephone number (include area code) (305) 937 - 2272 Designee's fax number (include area code) (305) 937 - 4721	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	