2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOGU 1. Entity Nam M & S CA	# L98127 INC.				Jan 28, 2004 08:00 AM Secretary of State						
290 174 ST #1805	ce of Business	290 1 #180	Mailing Address 290 174 ST #1805 N MIAMI BEACH FL 33160 US								
	Place of Busin		3. Mailing Address								
Suite, Apt.			Suite. Apt #, etc					R2E034	<u> </u>		
City & Stat	te ,	City	City & State			4.	FEI Number 65-0204757		}	plied For LApplicable	
Zιρ	Country		Zip	Zip Co		try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of C	d Agent		Name	7. 1	Name and Address of New Reg	stered A	gent		
SAS MOSHE 290 - 174TH ST #1805 N MIAMI BCH FL 33160						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Code	<u> </u>
	e named entity		ement for the purp	ose of changing its	s registere	ed office or registe	ered ag	gent, or both, in the State of Florid		amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registr	ereರ agent and tille if app	olicable (NO)	E Rogistere	d Agent signature requir	aci when r	einstating)	DATE		
Afte	er May 1, 200	! FEE IS \$150. 4 Fee will be \$5 Florida Depart	550.00					9. Election Campaign Finan- Trust Fund Contribution.	cing [D May Be to Fees
10.	-	OFFICE	RS AND DIRECTO	RS	11.		ΑĽ	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	
ITTLE NAME STREET ADDRESS CITY - ST- ZIP	PD SAS, MOSI 290 -174 S N MIAMI B	T #1805		☐ Delete		\$		9000000171: 01/28/04 -800 8	90 6-003	□ Change 158.75	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	STD SAS, DALI 290 174 ST N MIAMI B	#1805		☐ Delete	3	` }				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY -ST-ZIP				☐ Delete	1	1	-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Delete	- 1	{				Change	☐ Addition
TATLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	- 1	ş				Change	☐ Addition
12. I hereby indicated of the co-changed	certify that the d on this repor erporation or the f, or on an atta	e information supp t or supplemental he receiver or trust achment with an a	blied with this filing report is true and tee empowered to ddress, with all of	does not qualify to accurate and that execute this repor- ner like empowered	or the exe my signa t as requi f,	mption stated in 5 ture shall have the red by Chapter 60	Section same 07, Flor	119.07(3)(i), Florida Statutes, I fu legal effect as if made under oal ida Statutes, and that my name a	rther cert h, that I a ppears in	ify that the Ir m an officer Block 10 or	nformation or director Block 11 if

FILED