

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90040 006 \*\*\*150.00

**DOCUMENT # M27617**

1. Entity Name

DAVID'S ART, INC.



Principal Place of Business

710 S MILITARY TRAIL  
BLVD 3  
DEERFIELD BEACH FL 33442  
US

Mailing Address

710 S MILITARY TRAIL  
BLVD 3  
DEERFIELD BEACH FL 33442  
US

2. Principal Place of Business

2860 CENTER PORT CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

2860 CENTER PORT CIRCLE

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip  
33064

Country  
USA

City & State

POMPANO BEACH, FL

Zip  
33064

Country  
USA

4. FEI Number

59-2664534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S., ESQ.  
2101 W. COMMERCIAL BLVD., STE 4100  
FORT LAUDERDALE FL 33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete  
NAME SADIK, OFER  
STREET ADDRESS 710 S MILITARY TRAIL BLDG 3  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE PD ☐ Delete  
NAME HARARI, DAVID  
STREET ADDRESS 710 S MILITARY TRAIL BLDG 3  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2860 CENTER PORT CIRCLE  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2860 CENTER PORT CIRCLE  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

954-977-8177

Daytime Phone #