

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90417 026 ****61.25

DOCUMENT # N01000001612

1. Entity Name

HASIDIGRAPHIX, INC.



Principal Place of Business

9240 SABLE RIDGE CIRCLE
#A
BOCA RATON FL 33428

Mailing Address

9240 SABLE RIDGE CIRCLE
#A
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1082563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KESSLER, ROHN
9240 SABLE RIDGE CIRCLE, #A
BOCA RATON FL 33428

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 \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
KESSLER, ROHN
9240 SABLE RIDGE CIRCLE, #A
BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KESSLER, NINAH
9240 SABLE RIDGE CIRCLE, #A
BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEW, RABBI RUVI
375 NE 4TH ST.
BOCA RATON FL 33432 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FREEMAN, TZVI
5729 MONTGOMERY ST.
VANCOUVER, BC V6M 2X3 CANADA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YUDIN, JULIAN
17051 EMILE, UNIT 8
BOCA RATON FL 33487 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOTTLIEB, DAVID ED.D
232 S.W. 28TH AVE.
DELRAY BEACH FL 33445 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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

Date

Daytime Phone #

4/1/04 561-859-4060