2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008121

Entity Name: TORA CENTER INC.

City-St-Zip:

HOLLYWOOD, FL 33021

FILED Jun 24, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3389 SHERIDAN ST #101 HOLLYWOOD, FL 33021 **Current Mailing Address: New Mailing Address:** 3389 SHERIDAN ST #101 HOLLYWOOD, FL 33021 FEI Number: 65-1152403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRI-HADASH, AMNON 3389 SHERIDAN ST #101 HOLLYWOOD, FL 33021 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PRI-HADASH, AMNON Name: Name: Address: 3389 SHERIDAN ST #101 Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: DR () Delete Title: () Change () Addition Name: ZVI, OFER Name: Address: 3389 SHERIDAN ST #101 Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition COHEN, NERIA Name: Name: 3389 SHERIDAN ST #101 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: AMNON PRI-HADASH DR 06/24/2004