2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# N02000004207

Entity Name: RUSSIAN CENTER OF FLORIDA, INC.

Current Principal Place of Business:

18090 COLLINS AVE. #T-10
N MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

18090 COLLINS AVE. #T-10
N MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 33-1008590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARKS, KIM CPA
11900 BISCAYNE BLVD. #290
N MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: FELDMAN, ISAAC
Address: 8090 COLLINS AVE. #T-10
City-St-Zip: N MIAMI BEACH, FL 33160

Title: D ( ) Delete
Name: FELDMAN, RAISA
Address: 8090 COLLINS AVE. #T-10
City-St-Zip: N MIAMI BEACH, FL 33160

Title: D ( ) Delete
Name: MARKS, KIM
Address: 11900 BISCAYNE BLVD. #290
City-St-Zip: N MIAMI BEACH, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FELDMAN, ISAAC
Address: 18090 COLLINS AVE. #T-10
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D (X) Change ( ) Addition
Name: FELDMAN, RAISA
Address: 18090 COLLINS AVE. #T-10
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D (X) Change ( ) Addition
Name: MARKS, KIM
Address: 11900 BISCAYNE BLVD. #290
City-St-Zip: NORTH MIAMI, FL 33181

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.

SIGNATURE: ISAAC FELDMAN P 01/21/2004

Electronic Signature of Signing Officer or Director — Date