


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90020 029 ****70.00

DOCUMENT # N04000007809	
1. Entity Name PROJECT CHAZAK, INC.	

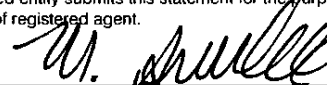
Principal Place of Business 2797 N.E. 207TH AVE. 101 AVENTURA, FL 33180	Mailing Address 2797 N.E. 207TH AVE. 101 AVENTURA, FL 33180
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

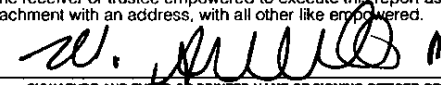
01032005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent SMOLARCIK, MORDECHAI 17600 N.E. 7TH AVE. MIAMI, FL 33162	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State 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 	MORDECHAI SMOLARCIK 1/3/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOLARCIK, MORDECHAI	NAME	
STREET ADDRESS	17600 N.E. 7TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33162	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	GOLDWASSER, NORMAN
STREET ADDRESS		STREET ADDRESS	975 ARTHUR GODFREY RD.
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	<input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BRYKS, TULLY
STREET ADDRESS		STREET ADDRESS	17231 NE 11th Ct.
CITY-ST-ZIP		CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	<input type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SMOLARCIK, HABASSAH
STREET ADDRESS		STREET ADDRESS	17600 NE 7th AVE
CITY-ST-ZIP		CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: 	MORDECHAI SMOLARCIK 1/5/05 305-931-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	