

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46451

Entity Name: MISHKAN DAVID, INC.

FILED
Jun 16, 2004
Secretary of State

Current Principal Place of Business:

4361 ROCK ISLAND RD.
LAUDERHILL, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4361 ROCK ISLAND RD.
LAUDERHILL, FL 33319 US

New Mailing Address:

FEI Number: 65-0302415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMKIN, GABRIEL
20515 E. COUNTRY CLUB DR. #1042
N. MIAMI BEACH, FL 33180 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: PD () Delete
Name: SIMKIN, GABRIEL,
Address: 20761 NE 4TH PL #103
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VPD () Delete
Name: SIMKIN, ESTHER
Address: 20761 NE 4TH PL #103
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: STD () Delete
Name: SIMKIN, RENE
Address: 20515 E. COUNTRY CLUB DR. #1042
City-St-Zip: NORTH MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GABRIEL SIMKIN

PD

06/16/2004

Electronic Signature of Signing Officer or Director

Date