

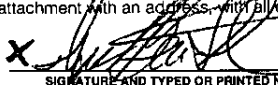


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90467 036 \*\*\*\*61.25

<b>DOCUMENT # N46581</b> 1. Entity Name <b>HAY FOUNDATION, INC.</b>					
Principal Place of Business <b>101 S. STATE RD 7 STE 201 HOLLYWOOD, FL 33023-6736 US</b>				Mailing Address <b>101 S. STATE RD 7 STE 201 HOLLYWOOD, FL 33023-6736 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>65-0301776</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BEN-SHMUEL, ELIAHU 101 S. STATE ROAD 7 SUITE 2 HOLLYWOOD, FL 33023</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEN-SHMUEL, ELIAHU	NAME			
STREET ADDRESS	101 S. STATE ROAD 7 - SUITE 7	STREET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD, FL 33023	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEN-SHMUEL, LIOR	NAME			
STREET ADDRESS	101 S. STATE ROAD 7 - SUITE 2	STREET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD, FL 33023	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEN-SHMUEL, IZAC	NAME			
STREET ADDRESS	101 S. STATE ROAD 7 - SUITE 2	STREET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD, FL 33023	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			
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.					
<b>SIGNATURE: X</b> 		Date <b>5/11/04</b>		Daytime Phone # <b>954-985-3827</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					