2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

1. Entity Name	MENT # N46581 ndation, inc.						05-10-200	04 90467 03	36 ****6	1.25
101 S. STATE RD 7 101 S STE 201 STE 2			ing Address 1 S. STATE RD 7 E 201 LLYWOOD, FL 33023-6736 US							
Principal Place of Business 3. Mail		ailing Address								
Suite, Apt. #, etc. Sui			uite, Apt. #, etc.			04252004	Chg-NP	CR2E037	(10/03)	
City & State C		City	City & State		4. FEI Numbe 65-0301	4. FEI Number Applied For 65-0301776 Not Applicable				
Zìp	Country		Zip		intry	5. Certificate	of Status Desired		8.75 Addi ee Required	
	6. Name and Address of Curre	nt Registere	d Agent			7. Name and	Address of New	Registered Ag	ent	
BEN-SHMUEL, ELIAHU					Name Street Add	ddress (P.O. Box Number is Not Acceptable)				
HOLLYWOOD, FL 33023							•	•		
					City		FL Zip Code			
	named entity submits this statement ions of registered agent.	for the purpo	ose of changing its	registere	ed office or re	egistered agent, or bot	n, in the State of F	Rorida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if appl	licable. (NOTE	: Registere	d Agent signature	required when reinstating)		DATE		<u></u>
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May B Added to Fees	y Be Make check payable to es Florida Department of State			
10.	: OFFICERS AND	DIRECTORS		11.		ADDITIONS/CH/	NGES TO OFFIC	ERS AND DIRE	CTORS IN	10
TITLE	D'		☐ Delete	TITL	- 1				☐ Change	☐ Addition
NAME	BEN-SHMUEL, ELIAHU		NAM	IE Eet address						
STREET ADDRESS CITY-ST-ZIP	101 S. STATE ROAD 7 - SUIT HOLLYWOOD, FL 33023	-		-ST-ZIP				• .		
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NAME	BEN-SHMUEL, LIOR				E I	-			Change	Addition
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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 embowered 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 bijother like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-985-3827