


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

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000005958</b> 1. Entity Name EZRAS YISROEL, INC.	
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Principal Place of Business 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131	Mailing Address 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131
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04292004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0791086	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ROSS, BARRY I C/O MBA & CO 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000147531  
05/03/04-80110-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, BARRY 1001 BRICKELL BAY DRIVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZEMEL, DANIEL 2875 N.E. 191ST STREET STE. 304 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAPCIUC, MARCOS 1430 N.W. 88TH AVE. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04  
Date

Daytime Phone #