2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2004
Secretary of State

DOCUMENT# P00000107871

Entity Name: KOSHER DELIGHTS, INC.

Current Principal Place of Business:

1435 LYONS ROAD
COCONUT CREEK, FL 33063

New Principal Place of Business:

1435 LYONS ROAD
COCONUT CREEK, FL 33063 US

Current Mailing Address:

1435 LYONS ROAD
COCONUT CREEK, FL 33063

New Mailing Address:

1435 LYONS ROAD
COCONUT CREEK, FL 33063 US

FEI Number: 65-1060928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, CECIL
1435 LYONS ROAD
COCONUT CREEK, FL 33072 US

Name and Address of New Registered Agent:

DAVIS, CECIL
1435 LYONS ROAD
COCONUT CREEK, FL 33063 US

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: 01/17/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete
Name: DAVIS, CECIL
Address: 2438 ADAMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: CPS (X) Delete
Name: XXXXX, XXXXX
Address: 9942 NW 6TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change ( ) Addition
Name: DAVIS, CECIL
Address: 5505 WISHING STAR LANE
City-St-Zip: GREENARCES, FL 33463 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECIL DAVIS CPS 01/17/2004
Electronic Signature of Signing Officer or Director — Date