## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

## Jan 26, 2004 08:00 AM Secretary of State DOCUMENT # P01000010388 1. Entity Name E. SAFRA, INC. Principal Place of Business Mailing Address 5225 COLLINS AVE, #119 C/P STEVEN DUBOSE CPA **SUITE 1119** 11040 SW 58 TERRR MIAMI BEACH, FL 33140 MIAMI, FL 33173 01162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1138014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAFRA, EZRA DO NOT WRITE 5225 COLLINS AVE, #119 MIAMI BEACH, FL 33140 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. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE $\Box$ SAFRA, EZRA NAME U00000013569 STREET ADDRESS 5225 COLLINS AVE #1119 01/26/04-80058-024 150.00 CITY - ST - 7IP MIAMI BEACH, FL 33140 TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 607, 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.

AME OF SIGNING OFFICER OR DIRECTOR

FILED