


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90025 031 ***150.00

DOCUMENT # PO1000039144

1. Entity Name
E-2 Dealings INC.



DO NOT WRITE IN THIS SPACE

94018044

2. Principal Place of Business
430 North State Road 7
Suite, Apt. #, etc.

3. Mailing Address
6635 W Commercial Blvd
Suite, Apt. #, etc.
119

DO NOT WRITE IN THIS SPACE

City & State
Plantation, FL

City & State
Tamarac, FL

Zip
33317 Country

Zip
33319 Country

4. FEI Number
65-1095470

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Mindy R. KRAIT

Street Address (P.O. Box Number Not Acceptable)
6635 W. Commercial Blvd #119

City
Tamarac FL Zip Code
33319

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 terminating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	<u>D</u>	TITLE	
NAME	<u>Dotan, Shalom</u>	NAME	
STREET ADDRESS	<u>430 North State Road 7</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Plantation, FL 33317</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>Dotan, Esther</u>	NAME	
STREET ADDRESS	<u>430 North State Road 7</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Plantation, FL 33317</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 on an attachment with an address, with all other persons empowered.

SIGNATURE: Shalom Dotan by Mindy R. Krait w POA 2/17/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE (12/02)