

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

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90048 005 \*\*\*150.00

DOCUMENT # *P01000039144*

1. Entity Name  
*E-2 Deal, INC*

**DO NOT WRITE IN THIS SPACE**

**40044646**

2. Principal Place of Business  
*430 North State Road 7*

3. Mailing Address  
*6635 W Commercial Blvd*

Suite, Apt. #, etc.  
*# 119*

DO NOT WRITE IN THIS SPACE

City & State  
*Plantation, FL*

City & State  
*Tamarae, 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. Kraut*

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

City  
*Tamarae*

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Dotan, Shalom 430 North State Road 7 Plantation, FL 33317</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Dotan, Cothier 430 North State Road 7 Plantation, FL 33317</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shalom Dotan by Mindy R. Kraut w/poa* *4/1/05* *(954) 597-0087*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

ATTACHMENT

40044646

MINDY R. KRAUT  
ATTORNEY-AT-LAW

Suite # 119  
6635 West Commercial Blvd.,  
Tamarac, Florida 33319

Telephone  
(954) 916-0000  
Fax  
(954) 597-0089

April 1, 2005

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

RE: E-Z Deal, Inc.  
P01000039144  
Uniform Business Report

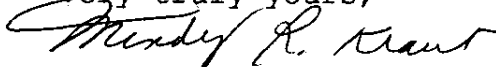
Dear Sir/Madam:

Enclosed herein please find the 2005 UBR for the above captioned corporation along with my operating account check number 3951 made payable to Florida Department of State in the amount of \$150.00.

Each and every year since the first UBR was due, my client has not received this document from you. I have had to call for a form and/or copy one in order to file the UBR in a timely manner. I do not know how to correct this as every time I write to you no one responds. I would appreciate a response from your department as to your efforts to correct this problem. You will note that the mailing address listed in mine and that I am the registered agent. There is to be no mail sent to the principal place of business.

Your prompt attention to and compliance with the requests as stated herein is greatly appreciated.

Very truly yours,



MINDY R. KRAUT, ESQUIRE

MRK:ms

Enc.

cc: Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314