


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000039144 1. Entity Name E-Z DEAL, INC.	
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Principal Place of Business 430 NORTH STATE ROAD 7 PLANTATION, FL 33317	Mailing Address 6635 W COMMERCIAL BLVD #119 FORT LAUDERDALE, FL 33319
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1095470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAUT, MINDY R
 6635 W COMMERCIAL BLVD
 STE 119
 FORT LAUDERDALE, FL 33319

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTAN, SHALOM 6635 W. COMMERCIAL BLVD. #119 FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTAN, ESTHER 6635 W. COMMUNITY BLVD. #119 FORT LAUDERDALE, FL 33319
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01/16/08-80086-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Shalom Dotan, Director*
Shalom Dotan, by Mindy R. Kraut w poa 1/14/08 (954) 597-0087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #