

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115927

Entity Name: AVNER DORON, INC.

FILED
Apr 07, 2004
Secretary of State

Current Principal Place of Business:

509 DOTTEREL RD.
23-C
DELRAY BCH., FL 33444

New Principal Place of Business:

509 DOTTEREL RD.
DELRAY BCH., FL 33444

Current Mailing Address:

509 DOTTEREL RD.
23-C
DELRAY BCH., FL 33444

New Mailing Address:

509 DOTTEREL RD.
DELRAY BCH., FL 33444

FEI Number: 65-1158503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLZMANN, AVNER D
509 DOTTEREL RD.
23-C
DELRAY BCH., FL 33444

Name and Address of New Registered Agent:

HOLZMANN, AVNER D
509 DOTTEREL RD.
DELRAY BCH., FL 33444

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: AVNER D HOLZMANN

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLZMANN, AVNER D
Address: 509 DOTTEREL RD. 23-C
City-St-Zip: DELRAY BCH., FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOLZMANN, AVNER D
Address: 509 DOTTEREL RD.
City-St-Zip: DELRAY BCH., FL 33444

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: AVNER D HOLZMANN

PRES

04/07/2004

Electronic Signature of Signing Officer or Director

Date