

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90038 043 ***150.00

DOCUMENT # P01000122011

1. Entity Name

MICHAL NEGRIN U.S.A., INC.



Principal Place of Business

19390 COLLINS AVENUE, SUITE 702
SUNNY ISLES BEACH FL 33160

Mailing Address

19390 COLLINS AVENUE, SUITE 702
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

2500 E. Hallandale Beach Blvd

3. Mailing Address

2500 E. Hallandale Beach Blvd

Suite, Apt. #, etc.

710

Suite, Apt. #, etc.

Suite # 710

City & State

Hallandale FL

City & State

Hallandale FL

Zip

33009

Country

Zip

33009

Country

4. FEI Number

26-0036129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YANIV, OHAD

19390 COLLINS AVENUE, SUITE 702
SUNNY ISLES BEACH FL 33160

Name

YANIV, OHAD

Street Address (P.O. Box Number is Not Acceptable)

2500 E. Hallandale Beach Blvd # 710

Hallandale

City

FL

Zip Code

33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PO
YANIV, OHAD
19390 COLLINS AVENUE, SUITE 702
SUNNY ISLES BEACH FL 33160

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PO
YANIV, OHAD
2500 E. Hallandale Beach Blvd # 710
Hallandale FL 33009

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04
Date

954-458-8188
Daytime Phone #