

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000018604

1. Entity Name
 TZIRUF DOR INC.



Principal Place of Business
 6682 THORNHILL CT
 BOCA RATON, FL 33433

Mailing Address
 PO BOX 3965
 BOCA RATON, FL 33427



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 01-0620244 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GELFOND, WENDY R
 6682 THORNHILL CT
 BOCA RATON, FL 33433

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
 NAME GELFOND, JASON A
 STREET ADDRESS PO BOX 3965
 CITY-ST-ZIP BOCA RATON, FL 33427

TITLE VP
 NAME GELFOND, DESIREE
 STREET ADDRESS PO BOX 3965
 CITY-ST-ZIP BOCA RATON, FL 33427

TITLE ST
 NAME GELFOND, WR
 STREET ADDRESS 6682 THORNHILL CT
 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

00000096058
 03/25/04-80013-017 150.00

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)(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]*

3-15-04

W. R. GELFOND