


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000113992
 1. Entity Name
E-Z DEALS II, INC.



Principal Place of Business
**3297-3299 WEST OAKLAND PARK BLVD.
 LAUDERDALE LAKES, FL 33311**

Mailing Address
**C/O LAWRENCE O. KARNICK
 66 EAST MERRICK RD.
 VALLEY STREAM, NY 11580**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4511169 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KRAUT, MINDY R
 6635 WEST COMMERCIAL BLVD., #119
 TAMARAC, FL 33319**

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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, 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	D
NAME	KARNICK, LAWRENCE O
STREET ADDRESS	66 EAST MERRICK RD.
CITY-ST-ZIP	VALLEY STREAM, NY 11580
TITLE	D
NAME	KARNICK, SHARON L
STREET ADDRESS	66 EAST MERRICK RD.
CITY-ST-ZIP	VALLEY STREAM, NY 11580
TITLE	D
NAME	DOTAN, SHALOM
STREET ADDRESS	66 EAST MERRICK RD.
CITY-ST-ZIP	VALLEY STREAM, NY 11580
TITLE	D
NAME	DOTAN, ESTER
STREET ADDRESS	66 EAST MERRICK RD.
CITY-ST-ZIP	VALLEY STREAM, NY 11580
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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 title empowered.

SIGNATURE: _____ **1/14/04** **576779 7285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #