

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029092

Entity Name: KOSHERICA ENTERPRISES, INC.

FILED  
Apr 22, 2007  
Secretary of State

## Current Principal Place of Business:

519 WEST 29TH STREET  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

## Current Mailing Address:

519 WEST 29TH STREET  
MIAMI BEACH, FL 33140

## New Mailing Address:

FEI Number: 71-0938239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMOLE, MYRON M  
9700 SOUTH DIXIE HIGHWAY, SUITE 1030  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHIFMAN, JAMIE YACHAD  
Address: 519 WEST 29TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: SHIFMAN, YEHUDA  
Address: 519 WEST 29TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: YEHUDA SHIFMAN

D

04/22/2007

Electronic Signature of Signing Officer or Director

Date