

08/10/2013 01:55 FAX

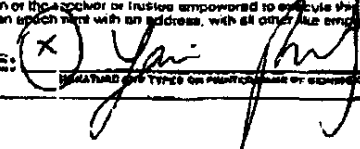
Apr 04 04 11:32a

Apr 2, 2004 10:34AM

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90337 047 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000069489			
1. Entity Name SIFRUTAKE, INC.			
Principal Place of Business 5650 STIRLING ROAD 4 HOLLYWOOD, FL 33021 US		Mailing Address 5650 STIRLING ROAD 4 HOLLYWOOD, FL 33021 US	
2. Principal Place of Business:		3. Mailing Address:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 200057541		Added For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVY, STEVEN Z 2525 N STATE RD 7 115 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. box Number is Not Acceptable)		Street Address (P.O. box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 in block name of individual agent and the corporation (NOTE: Registered Agent's Signature required when substituting)			
FILE NOW!!! FILE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 may be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERETZ, YAIR 5650 STIRLING RD UNIT # 4 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(b) 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 incorporator 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 attached sheet with an address, with all other file employees.			
SIGNATURE: 		4/12/04	
SIGNATURE AND TYPE on front cover or SIGNATURE ON SEPARATE SHEET		Signatures must be	

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Chg-P

CR2E004 (10/03)