FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90180 046 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000087898

1. Entity Name
NOAM ELKAYAM, INC.

Principal Place of Business
17021 N. BAY RD., STE. 409
NORTH MIAMI BEACH, FL 33160

Mailing Address
17021 N. BAY RD., STE. 409
NORTH MIAMI BEACH, FL 33160

04022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 1817 So. OCEAN DR.
Suite, Apt. #, etc.: 317
City & State: HALLANDALE BEACH, FL
Zip: 33009 Country: USA

3. Mailing Address: 1817 So. OCEAN DR
Suite, Apt. #, etc.: 317
City & State: HALLANDALE BEACH FL
Zip: 33009 Country: USA

4. FEI Number: 20-0149019 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ELKAYAM, NOAM
17021 N. BAY RD., STE. 409
NORTH MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent
Name: NOAM ELKAYAM
Street Address (P.O. Box Number is Not Acceptable): 1817 SO. OCEAN DR
#317
City: HALLANDALE BEACH 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] DATE 4/2/04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: ELKAYAM, NOAM STREET ADDRESS: 17021 N. BAY RD., STE. 409 CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33160	☐ Delete	TITLE: PDS NAME: ELKAYAM, NOAM STREET ADDRESS: 1817 S. OCEAN DR. APT. 317 CITY-ST-ZIP: HALLANDALE, BEACH, FL 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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] NOAM ELKAYAM Date 4/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #