2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P03000100735** 05-03-2005 90083 048 ***150.00 1. Entity Name MOSHIKO'S SCRAP INC. Principal Place of Business Mailing Address \$75 × 10 5 3 4 C/O STEVE KRAFT & ASSOCIATES, P.A. C/O STEVE KRAFT & ASSOCIATES, P.A. 766 RIVERSIDE DR 766 RIVERSIDE DR CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business 934 N. UNIVERSLOY ng Address 4 N, UNIVARSIMDR 03032005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 04-3774771 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZARIF, MOSHE C/O S. KRAFT P.A. 766 RIVERSIDE DR. CORAL SPRINGS, FL 33071 bmile 🎇 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 8. The above named entity s the obligations of registe SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPST Change . TITLE ☐ Delete TITLE ☐ Addition ZARIF, MOSHE NAME NAME 934 N. UNWERSLOY DR STREET ADDRESS 766 RIVERSIDE DR CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete **TITLE** ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 reconstruction of the corporation of the corporation of the corporation of the reconstruction of the corporation of the reconstruction of the corporation of the reconstruction of the corporation of t changed, or on an attact

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May 03, 2005 8:00 am