## 2004 FOR PROFIT CORPORATION

## FILED Aug 13, 2004 8:00 am

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DOCUMENT: # P03000105644						Secretary of State 08-13-2004 90073 008 ***150.00				
	ISTRUCÎ	TON MANAGEMEN INC.	IT AND							
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Principal Plac	i.		Mailing Address	DI DO O						
7800 W OAK . Ft lauderd			7800 W OAKLAND PARK Ft Lauderdale, FL 33:							
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2. Principal P		MILLERS TY DR	3. Mailing Address 4300 7). UNIV	pring D	rı .					
<u></u>	- 205		Suite, Apt. #/etc.	,		08032004	Chg-P	CR2E034 (1	0/03)	
	wderhi		City & State LANderhill	Front	4	4. FEI Numb	er 47- 0943		Not /	lied For Applicable
<sup>Zip</sup> 3 <b>3</b> 3		Obuntry USA	Zip 3335/ /	Country U.S. /	1	<u> </u>	of Status Desired	Fee I	75 Additi Required	ional
	6. Name	and Address of Current F	legistered Agent	Name -		7. Name and	d Address of New Re	gistered Agent		
BARASHI,	MOSHE			. Name-						
		PARK BLDG G		Street Address (P.O. Box Number is Not Acceptable)						
FT LAUDE	ERDALE, F	FL 33351	•	<del></del>	(200	/ //·u	1. 21/0 3/1	<u> </u>		
			•	ļ	1			<del></del>		
	i	-		City	PLA	MAHOW		FL   2	ip Code	3.24
8. The above	named entit	y submits this statement for	the purpose of changing its re	gistered office o	r register	ed agent, or bo	oth, in the State of Flor	ida. I am famili	ar with, a	nd accept
the obligati	tions of regist	ered agent.	11/10	1.				8/3/	a d	1
SIGNATURE_		<u> </u>	MOShe DA	MAS/11					<u>' 7                                   </u>	
	Signature, typed	or printed name of registered agent as	nd titte If applicable. (NOTE: !	Registered Agent signa	ture required	when reinstating)		DATE		
		FEE IS \$150.00 Stember 8, 2004	9. Election Campaig: Trust Fund Contrib			.00 May Be led to Fees	In accordance wi corporation did n	ith s. 607.193 of receive the	(2)(b), F prior no	S., the
10.		OFFICERS AND D	DIRECTORS	11.	<del></del>	ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRE	CTORS	N 11
TITLE	P		Delete	TITLE					Change	☐ Addition
NAME	BARASHI	•	, '	NAME					_	
STREET ADDRESS CITY-ST-ZIP		AKLAND PARK BLDG ( ERDALE, FL 33351	j	STREET ADDRESS CITY-ST-ZIP					•	
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NAME	BARASHI	MOSHE	- Delete	NAME .	700	21 11	acceptant )	YIL A	λ o	Auditoli
STREET ADDRESS	7800 W O	AKLAND PARK BLDG	<b>3</b>	STREET ADDRESS	430	יט יון סי	1 2 1	/	5 - p	23
CITY-ST-ZIP	FT LAUDI	ERDALE, FL 33351	<del></del>	CITY-ST-ZIP	LA	wderhill	EC   D NIVERSITY D I , FLORID	M 333	11	
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CITY-ST-ZIP	I + 3			CITY-ST-ZIP	ļ.					. [

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

☐ Addition

Addition