

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90206 018 ***150.00

DOCUMENT # P03000129490

1. Entity Name
TIFERET ENTERPRISES, INC.



Principal Place of Business
**145 E FLAGLER ST. 3 RD. FLOOR
C-6
MIAMI, FL 33131**

Mailing Address
**145 E. FLAGLER ST. 3 RD. FLOOR
SUITE C-10
MIAMI, FL 33131**

2. Principal Place of Business
145 E. FLAGLER ST.

3. Mailing Address

Suite, Apt. #, etc.
3rd Floor Suite C-10

Suite, Apt. #, etc.

City & State
Miami

City & State

Zip
FL 33131

Country

Zip

Country

04242006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-0386023

Applied For
☒ **Not Applicable**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORYOUSSEF, LILIAN
145 E. FLAGLER ST. 3 RD. FLOOR
C-6
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Lilian Moryoussef

Street Address (P.O. Box Number is Not Acceptable)

**145 E. Flagler St.
3rd Floor Suite C-10**

City
Miami

FL

Zip Code
33131

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MORYOUSSEF, LILIAN
2245 N.E. 207 ST
NORTH MIAMI, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemptions contained 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 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