## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Mar 21, 2008 8:00 am Secretary of State **DOCUMENT # P07000125965** 03-21-2008 90026 014 \*\*\*150.00 1. Entity Name M & I NAFTALI, INC. Principal Place of Business Mailing Address . 40040001 120 NW 83RD WAY 120 NW 83RD WAY CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8241 U Atlan Suite, Apt. #, etc. Suite, Apt. #, etc. 02252008 CR2E034 (12/06) Cha-P Applied For 4. FEI Number 1514 } } City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEROW, JEFFREY S 4400 N. FEDERAL HIGHWAY SUITE 210 BOCA RATON, FL 33431 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition □ Delete TITLE ☐ Change NAFTALI, MOSHE NAME NAME STREET ADDRESS 120 NW 83RD WAY STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL. 33071 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ∏ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #