FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91770 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066215

1. Entity Name
CILRON, INC.

90128719

Principal Place of Business	Mailing Address
1606 PENNSYLVANIA AVE MIAMI BEACH, FL 33139	1410 EUCLID AVENUE #5 MIAMI BEACH, FL 33139

2. Principal Place of Business		3. Mailing Address	
C/o MARY E. PRADOS, CPA PA		C/o MARY E. PRADOS, CPA PA	
Suite, Apt. #, etc.: 420 LINCOLN ROAD, #357		Suite, Apt. #, etc.: 420 LINCOLN ROAD, #357	
City & State: MIAMI BEACH, FL		City & State: MIAMI BEACH, FL	
Zip: 33139	Country: U.S.A.	Zip: 33139	Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0439706 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LUNDY & SHACTER, P.A.
9655 W. BROWARD BLVD
PLANTATION, FL 33139

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V EINHORN, SHALOM 1606 PENNSYLVANIA AVE MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EINHORN, CILA 137 PRINZREGENTER ST. MUNICH, GERMANY,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Cila Einhorn 4/30/03 305-538-3473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #