2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 13, 2004 8:00 am
Secretary of State
02-02-2004 90022 010 ***150.00

DOCUMENT # P94000087315

1. Entity Name
THE ESTHER & DAVID COMPANY

Principal Place of Business	Mailing Address
TERRAMAR CONCESSION 65-75 76 DR PARKLAND, FL 33067	149 NW 70TH STREET SUITE 302 BOCA RATON, FL 33487

2. Principal Place of Business	3. [redacted]
BROWARD SHERIFF OFFICE CAFETERIA	
Suite, Apt. #, etc. 2601 W. BROWARD BLVD	Suite, Apt. #, etc.
City & State FT. LAUDERDALE FL	City & State
Zip 33312 Country BROWARD	Zip / Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0541397 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARMAN, DEBORAH A ESQ. 165 EAST PALMETTO PARK ROAD BOCA RATON, FL 33432	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	P TAUSZIK, JUDITH 149 N.W. 70 STREET, #302 BOCA RATON, FL 33487 ☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: Judith Tauszik [signature] 2/8/2004 561-362-7116 239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #