2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

caca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __

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DOCU 1. Entity Nam	MENT # P9500006925	51			Mar 12, 2004 08:00 AM Secretary of State				
YAACOV HELLER INC.									
Principal Place of Business Mailing Address					1				
2900 W SAMPLE ROAD STORE #K4111 POMPANO BEACH FL 33073		1591 N POWERLINE ROAD POMPANO BEACH FL 33069 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc		Suite, Apt #, etc.				R2E034			
City & State		City & State			4. F	65-0612708	-	No	plied For t Applicable
Zip	Country	Zip	Country		5. C	Certificate of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	gistered Agent		7. N	ame and Address of New Reg	istered A	gent	-	
HELLER, YAACOV				Name					
2900 W SAMPLE ROAD STORE #K4111 POMPANO BEACH FL 33073				Street Address ((P.O. 8	ox 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, typod or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating).									
F	ILE NOW!!! FEE IS \$150.00		•			9. Election Campaign Finar	naina	65 0	n
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution.	iciilg	Added	O May Be I to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ Delete	m	1		t immonoment		Change	Addition
NAME STREET ADDRESS	HELLER, YAACOV SS 2900 W SAMPLE ROAD STORE #K4111			eet address	U00000086657 03/12/04-80031-022 150.00				
CITY-ST-ZIP	POMPANO BEACH FL 33073 CR			(-ST-ZIP				<u> </u>	
TITLE		☐ Delete	3713	3				Change	Addition
NAME STREET ADDRESS			nar Str	RET ADDRESS					
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πηε		☐ Delete	3772	£				Change	Addition
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STREET ADDRESS CITY-ST-ZIP			•	Y-SI-ZIP					
TITLE		☐ Delete	रहार	£				Change	Addition
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CITY-ST-ZIP				Y-ST-ZIP				☐ Change	Addition
TITLE NAME		☐ Delete	TITE NAM	1				~ . ~	TT CONTINUE
STREET ADDRESS			1	EET ADDRESS					
CATY-ST-ZAP				Y-ST-ZIP			· · · -		
12. I hereby	certify that the information supplied wiff	this filing does not qualify to true and accurate and that	or the exe	emption stated in Seature shall have the	ection t same l	f 19.07(3)(i), Florida Statutes. I fi egal effect as if made under oa	urther certi th, that I ar	fy that the is n an officer	nformation or director
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.									

FILED

3/10/04 9549742535 Cale Dayline Prone #