

**2004 FORTUNE PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000087115

1. Entity Name
SHEKEL BUSINESS, INC.



Principal Place of Business
18671 COLLINS AVENUE
#702
SUNNY ISLES BEACH, FL 33160

Mailing Address
18671 COLLINS AVENUE
#702
SUNNY ISLES BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

FILED
Aug 25, 2004 08:00 AM
Secretary of State



08112004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0677994

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

COHEN, AUSTIN
18671 COLLINS AVENUE
#702
SUNNY ISLES BEACH, FL 33160

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IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 3, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COHEN, DAVID
18671 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
COHEN, RIVKA
18671 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000170863
08/25/04-80003-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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, by me as 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 of Block 11 of changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Evening Phone #