

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000019074

1. Entity Name
JEWSH QUALITY SINGLES, INC.



Principal Place of Business
**1780 NE 191ST ST #513
N MIAMI BEACH, FL 33179**

Mailing Address
**7451 W OAKLAND PK BLVD
LAUDERHILL, FL 33319**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0652060	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MAURICE, EL ALOUF
1780 NE 191ST ST #513
N MIAMI BEACH, FL 33179**

**DO NOT WRITE
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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAURICE, EL ALOUF
STREET ADDRESS	1780 NE 191ST ST #513
CITY-ST-ZIP	N MIAMI BEACH, FL 33179

TITLE	V
NAME	ALOUF, SONNY
STREET ADDRESS	1780 NE 191ST ST #513
CITY-ST-ZIP	N MIAMI BEACH, FL 33179

TITLE	ST
NAME	ALOUF, DEVORA
STREET ADDRESS	1780 NE 191ST ST #513
CITY-ST-ZIP	N MIAMI BEACH, FL 33179

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/05-80016-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elalouf Maurice **ELALOUF MAURICE** 15 March 05 954 742 5905