


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90242 032 ***158.75

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1. Entity Name
NORTH 29 CORPORATION



Principal Place of Business Mailing Address

**1401 UNIVERSITY DRIVE
 SUITE 200
 CORAL SPRINGS FL 33071** **1401 UNIVERSITY DRIVE
 SUITE 200
 CORAL SPRINGS FL 33071**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**GRANT, MARK F
 200 EAST BROWARD BOULEVARD
 15TH FLOOR
 FT. LAUDERDALE FL 33301**

4. FEI Number Applied For

65-0703896 Not Applicable

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

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 _____ 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
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	EZRATTI, ITZHAK	
STREET ADDRESS	1401 UNIVERSITY DR SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	FANT, ALAN	
STREET ADDRESS	1401 UNIVERSITY DR, SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	COSTELLO, RICHARD	
STREET ADDRESS	1401 UNIVERSITY DR SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NORWALK, RICHARD	
STREET ADDRESS	1401 UNIVERSITY DR SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORBAN, PAUL	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input type="checkbox"/> Delete
NAME	HELMAN, STEVEN M	
STREET ADDRESS	1401 UNIVERSITY DR SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Menendez, N. MARIA	
STREET ADDRESS	1401 UNIVERSITY DR #200	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **Menendez, N. MARIA**, Vice President **4/26/04** **954-753-1730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #