

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90016 050 ***150.00

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1. Entity Name
C.H. OF ISRAEL, INC.



Principal Place of Business
2930 BISCAYNE BLVD.
MIAMI, FL 33137

Mailing Address
2930 BISCAYNE BLVD.
MIAMI, FL 33137

54010601



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0696674

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHRISTENBURY, SHARON
2930 BISCAYNE BLVD
MIAMI, FL 33137

**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 reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHD
KAHN, SONNY
2930 BISCAYNE BLVD.
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GALBUT, RUSSELL W
2930 BISCAYNE BLVD.
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPD
MENIN, BRUCE A
2930 BISCAYNE BLVD.
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ZDON, JOSEPH
2930 BISCAYNE BLVD.
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DACHOH, SHLOMO
2930 BISCAYNE BLVD.
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHRISTENBURY, SHARON
2930 BISCAYNE BLVD.
MIAMI, FL 33137

**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)(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 AND TYPED OR PRINTED NAME OF SIGNING

Sharon Christenbury, Vice President
Authorized Person

2/23/04
Date

Daytime Phone #