2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 15, 2004 8:00 am Secretary of State DOCUMENT # P96000096618 1. Entity Name 03-15-2004 90070 029 \*\*\*150.00 DAVID & SAUL, INC. Principal Place of Business Mailing Address 9541 HARDING AVE 9541 HARDING AVE SURFSIDE FL 33154 SURFSIDE FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0709123 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINTRUB, SAUL C Street Address (P.O. Box Number is Not Acceptable) 9541 HARDING AVE SURFSIDE FL 33154 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP ☐ Delete TITLE Change ☐ Addition TITLE SHAKURY, AHARON NAME NAME 9541 HARDING AVE STREET ADDRESS STREET ADDRESS SURFSIDE FL 33154 CITY-ST-ZIP CITY-ST-ZIP TITLE DST ☐ Delete TITLE Change ☐ Addition WINTRUB, SAUL C NAME NAME 9541 HARDING AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SURFSIDE FL 33154 CITY-ST-ZIP Change Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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.

FILED

Daytime Phone #