

2004 FOR PROFIT CORPORATION ANNUAL REPORT

VE 0074

FILED

2004 APR 22 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0747532 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

KATZ, EZRA
2665 S. BAYSHORE DRIVE, PH2A
MIAMI, FL 33133

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 D
NAME KATZ, EZRA
STREET ADDRESS 2665 SOUTH BAYSHORE DR PH IIA
CITY-ST-ZIP MIAMI, FL 33133

TITLE VP
NAME ASHBEL, BOAZ
STREET ADDRESS 3020 LUCA 1/4 ST
CITY-ST-ZIP MIAMI, FL 33133

TITLE VP
NAME MARIN, JOSEPH
STREET ADDRESS 3031 N 34TH ST
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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DO NOT WRITE
IN THIS SPACE

150.00

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 OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/04 305-823-2002 x604