2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jul 06, 2004 08:00 AM **Secretary of State** DOCUMENT # P97000042004 1. Entity Name RAMI SEGAL & ASSOCIATES INC. Mailing Address Principal Place of Business 19495 BISCAYNE BLVD #705 19495 BISCAYNE BLVD #705 AVENTURA, FL 33180 AVENTURA, FL 33180 07012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0754985 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EGOZI, LEON CPA DO NOT WRITE 19495 BISCAYNE BLVD #705 AVENTURA, FL 33180 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_ DĂŤE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 U00000163245 Trust Fund Contribution. Added to Fees Due by September 8, 2004 07/06/04-80005-019 550,00 **ÓFFICERS AND DIRECTORS** 10. TITLE SEGAL, RAMI NAME 20533 BISCAYNE BLVD., PMB 1344 STREET ADDRESS AVENTURA, FL 33180 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITS F NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CXY+ST-7IP 12. I hereby certify that the informal indicated on this report or suppl of the corporation or the receive changed, or on an attachment w qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further carlify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 supplied with this filing does no

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