

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060146

FILED
Apr 21, 2004
Secretary of State

Entity Name: ELDAD INC.

Current Principal Place of Business:

315 GULFVIEW BLVD.
CLEARWATER BEACH, FL 33767

New Principal Place of Business:

309 S. GULFVIEW BLVD.
CLEARWATER BEACH, FL 33767

Current Mailing Address:

315 GULFVIEW BLVD.
CLEARWATER BEACH, FL 33767

New Mailing Address:

309 S. GULFVIEW BLVD.
CLEARWATER BEACH, FL 33767

FEI Number: 59-3459338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVAKNIN, AVI
315 S GULFVIEW BLVD
CLEARWATER BEACH, FL 33767 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: OVAKNIN, AVRAHAM
Address: 315 S GULFVIEW BLVD
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D () Delete
Name: MALINASKY, DORON
Address: 4100 N 28TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: ELIYAHU, LEVY
Address: 4100 N 28TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33021

Title: P () Delete
Name: HASON, LIOR L
Address: 201 S GULFVIEW BLVD
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIOR L HASON

P

04/21/2004

Electronic Signature of Signing Officer or Director

_____ Date