


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000009744	
1. Entity Name MASADA PAINTING & WATERPROOFING, INC.	

Principal Place of Business 4530 N. HIATUS RD. STE 102 SUNRISE, FL 33351	Mailing Address 4530 N. HIATUS RD. STE 102 SUNRISE, FL 33351
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04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0809943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZAFRIR, IGAL
5163 NW 100 AVENUE
CORAL SPRINGS, FL 33076**

**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 (NOT: Registered Agent signature required when reinstalling) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAFRIR, YARON 5163 NW 100 AVENUE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZAFRIR, IGAL 5163 NW 100 AVENUE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEAL, UPRIM 11321 NW 37 ST SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAPRIR, TONI 5163 NW 100 AVENUE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'NEAL, SUSAN 11321 NW 37 ST SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000149510
05/03/04-80190-006 150.00

**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: Lael 3092 **4/29/04** **954-746-4949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #