

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90165 014 ***150.00

DOCUMENT # P98000012260 1. Entity Name DEVASH JUDAICA INTERNATIONAL, INC.	
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Principal Place of Business 4101 SW 61 AVE. DAVIE, FL 33314 US	Mailing Address 4101 SW 61 AVE. DAVIE, FL 33314 US
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DO NOT WRITE IN THIS SPACE



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0840757	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERNANDEZ, DANIEL 4101 SW 61 AVENUE DAVIE, FL 33314	DO NOT WRITE IN THIS SPACE
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9. 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 registering.) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, DANIEL 9160 NW 25 CT. SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, ALBERT 4101 SW 61ST AVE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSAS, EMILIO 4101 SW 61ST AVENUE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, JOSHUA B-M 4101 SW 61 AVENUE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 119.37(3)(c), 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 907, 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: 	12/04 954792-4822
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR	

Did not receive report & could not process on line