2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE: ZEEV DRAGON
SIGNATURE AND TYPED OR PRINTED NAME OF

## May 07, 2004 8:00 am Secretary of State DOCUMENT # P98000017949 1. Entity Name 05-07-2004 90122 034 \*\*\*150.00 MATANYA, INC. Principal Place of Business Mailing Address 9784 ATLANTIC BOULEVARD JACKSONVILLE FL 32211 9784 ATLANTIC BOULEVARD JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address 9400 ATLANTIC BLVO 9400 ATLANTIC Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) SUITE SUITE 70 Applied For City & State City & State 4. FEI Number 65-0818842 JACK SONVILLE JACKSONVILLE Not Applicable 32225 \$8.75 Additional ŪΊ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZEEV DRAGON BRANT, MOORE, MACDONALD & WELLS, P.A. SUITE 3100 - BARNETT CENTER 50 NORTH LAURA STREET Street Address (P.O. Box Number is Not Acceptable 4863 WETHERS FIELD JACKSONVILLE FL 32202 JA CK SONVILLE 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 acceptthe obligations of registered agent. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition NAME DRAGON, ZEEV 4863 WETHERSFELD PL E STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED