

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90003 044 ***150.00

DOCUMENT # P98000038763

1. Entity Name
KADOSH CORPORATION



Principal Place of Business
**198 N.W. 79TH STREET
MIAMI, FL 33140**

Mailing Address
**18671 COLLINS AVENUE
SUITE 702
MIAMI, FL 33160**

54070378



08102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0919595

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, AUSTIN
18671 COLLINS AVENUE
SUITE 702
MIAMI, FL 33160**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COHEN, RIVKA
STREET ADDRESS	18671 COLLINS AVENUE # 702
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	VP
NAME	COHEN, DAVID
STREET ADDRESS	18671 COLLINA AVENUE # 702
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 119.07(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-04

Date

786-200-7615

Daytime Phone #