

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90002 047 ***150.00

DOCUMENT # P98000104629

1. Entity Name
DIRAH HOLDINGS, INC.



Principal Place of Business
80-83 GREENFELL STREET
KEW GARDENS, NY 11415

Mailing Address
80-83 GREENFELL STREET
KEW GARDENS, NY 11415

50023854



2. Principal Place of Business
40 Applebaum-
Suite, Apt. #, etc.
4101 Pine Tree Dr 1223
City & State
MIAMI, FL
Zip
33140-3616
Country

3. Mailing Address
40 Applebaum
Suite, Apt. #, etc.
323 OGDEN AVE
City & State
TEANECK, NJ
Zip
07666
Country

07102006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0992159
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 6, 2006

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	PD	<input type="checkbox"/> Delete
NAME	FARKAS, PAIGE	
STREET ADDRESS	314 OGDEN AVENUE	
CITY-ST-ZIP	TEANECK, NJ 07666	
TITLE	VD	<input type="checkbox"/> Delete
NAME	APPLEBAUM, ERIC	
STREET ADDRESS	323 OGDEN AVENUE	
CITY-ST-ZIP	TEANECK, NJ 07666	
TITLE	VD	<input type="checkbox"/> Delete
NAME	APPLEBAUM, JASON	
STREET ADDRESS	80-83 GREENFELL ST.	
CITY-ST-ZIP	KEW GARDENS, NY 11415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

Paige Farkas

7/25/06