

# 2004 FOR PROFIT CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 JUN 11 AM 8:29

REINSTATEMENT 00-04



06103004 Chg-P CR2E034 (10/03)

4. CFI Number 65-0813415 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name KUSHNIR, SVETLANA

Street Address (P.O. Box Number is Not Acceptable)

17555 Collins Avenue Apt. 1905  
City Sunny Isles FL Zip Code USA

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

Svetlana Kushnir

vice president

6/10/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP, D  
NAME KUSHNIR, SVETLANA  
STREET ADDRESS 17555 Collins Ave., #1905  
CITY-ST-ZIP Sunny Isles, FL 33160 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P, D  
NAME KUSHNIR, ZORY  
STREET ADDRESS 17555 Collins Ave., #1905  
CITY-ST-ZIP Sunny Isles, FL 33160 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME 300037876913  
STREET ADDRESS 06/11/04--01057--004 \*\*750.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 300037876913  
STREET ADDRESS 06/11/04--01057--005 \*\*17.50  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

Svetlana Kushnir vice president

6/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #