




**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

| | | | |
|---|---|---|--|
| DOCUMENT # P99000062098 1. Entity Name HOLYLAND JUDAICA, INC. | |  | |
| Principal Place of Business 7080 BERACASA WAY BOCA RATON, FL 33433 | | Mailing Address 7080 BERACASA WAY BOCA RATON, FL 33433 | |
| DO NOT WRITE IN THIS SPACE | | 06302005 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 65-0980777 | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KATZ, MICHAEL 5650 STIRLING ROAD #19 HOLLYWOOD, FL 33021 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KATZ, MICHAEL 1055 N.E. 174ST NORTH MIAMI BEACH, FL 33162 | 000000371979 07/11/05-80013-012 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT KATZ, OSCAR E 4026 SWANSEA B DEERFIELD BEACH, FL 33442 |  | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE IN THIS SPACE | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  OSCAR E. KATZ | | 7-8-2005 561-367-8277 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |