

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000108481

1. Entity Name
LATRUN MANAGEMENT, INC.



Principal Place of Business
**1428 BRICKELL AVE, EIGHTH FLOOR
MIAMI, FL 33131**

Mailing Address
**4044 MERIDIAN AVE 3A
MIAMI BEACH, FL 33140**



04182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0988616

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MANASTER, JOSHUA D
1428 BRICKELL AVE, EIGHTH FLOOR
MIAMI, FL 33131**

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANASTER, JOSHUA D
STREET ADDRESS	1428 BRICKELL AVE, EIGHTH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	BOAZIZ, MORDECHAL
STREET ADDRESS	4044 MERIDIAN AVE, #3A
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	WARSHASKY, MOSHE
STREET ADDRESS	4044 MERIDIAN AVE., #3A
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	OZ, MICHAEL
STREET ADDRESS	4044 MERIDIAN AVE., #3A
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-4