2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003272

Entity Name: HORENISTEIN DEVELOPMENTS INC

HORENSTEIN, SHMUEL ORI

62 DINKAS ST

TEL AVIV, ISRAEL,

Name:

Address:

City-St-Zip:

FILED Apr 19, 2005 Secretary of State

Entity Name: HORENSTEIN DEVELOPMENTS INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
62 DINKAS ST TEL AVIV, ISRAEL,			62 PINKAS ST TEL AVIV, ISRAEL, IS	62 PINKAS ST TEL AVIV, ISRAEL, IS 62157 IS	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
290 - 174 \$	A S. EDWARD ST #815 LES BEACH, F	•			
FEI Number	: 98-0430974	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
290 - 174 S SUNNY IS	LES BEACH, F	L 33160 US			
The above in the State	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CDP () HORENSTEIN, 62 DINKAS ST TEL AVIV, ISRA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () HORENSTEIN, 62 DINKAS ST TEL AVIV, ISRA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () HORENSTEIN, 62 DINKAS ST TEL AVIV, ISRA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ELI HORENSTEIN P 04/19/2005