


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000113437**  
 1. Entity Name  
**ISRAELI PHARMACY, INC.**



Principal Place of Business 1225 N. MILITARY TRAIL SUITE 7 WEST PALM BEACH, FL 33409	Mailing Address 1225 N. MILITARY TRAIL SUITE 7 WEST PALM BEACH, FL 33409
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**DO NOT WRITE IN THIS SPACE**



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3599691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GOLDSTEIN, AYAL  
 109 XANADU PLACE  
 JUPITER, FL 33477

**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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSTEIN, AYAL 109 XANADU PLACE JUPITER, FL 33477
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 03/29/07-80049-003 150.00

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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:** Ayal Goldstein **3/12/07** **561687-5150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #