


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F0000002617</b>	
1. Entity Name ITURAN FLORIDA CORP.	

Principal Place of Business 3330 N.W. 53RD STREET, STE. 302 FORT LAUDERDALE, FL 33309	Mailing Address 3330 N.W. 53RD STREET, STE. 302 FORT LAUDERDALE, FL 33309
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**DO NOT WRITE IN THIS SPACE**



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3545909	<input type="checkbox"/> Applied For <input type="checkbox"/> 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**

SHAMAI, RON  
3330 N.W. 53RD STREET, STE. 302  
FORT LAUDERDALE, FL 33309

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERATZKY, EASI 3 HASHIKMA STEET INDUSTRIAL ZONE, AZUR, ISRAEL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SHERATZKY, EYAL 3 HASHIKMA STEET INDUSTRIAL ZONE, AZUR, ISRAEL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAMAI, RON 3330 N.W. 53RD STREET FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURTZ, AVNER 3 HASHIKMA STREET INDUSTRIAL ZONE, AZUR, ISRAEL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/24/06-80005-017 158.75

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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **3-10-06** **954-484 380**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #