FIDDODD DOUBLE

(F	Requestor's Name)	
. (A	ddress)	
(A	ddress)	<u>; </u>
(C	city/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL .
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
		·

Office Use Only



100188237561

12/07/10--01031--015 **70.00



AMMAN

COVER LETTER

Division of Corporations InfoSpi, Inc. SUBJECT: Name of Corporation F10000000472 **DOCUMENT NUMBER:** The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dror Svorai Name of Contact Person InfoSpi, Inc. Firm/Company 1720 HARRISON ST., STE PH2 Address HOLLYWOOD FL 33020 City/State and Zip Code dsvorai@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dror Svorai Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check made payable to the Florida Department of State for the following amount: \$35.00 Filing Fee \$52.50 Filing Fee, Certificate of Status & \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **Mailing Address: Street Address:** Amendment Section **Amendment Section Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

InfoS	Spi, Inc.	
This entity was authorized to transact business in I number is	Florida on <u>01/27/2010</u> and its Florida documen	
3. This corporation was formed under the laws of	Nevada	
4. The name and address of each officer and/or direc	tor is as follows:	
<u>Title:</u>	Name and Address	
Pres, Sec, Treas, Director	Dror Svorai	
	1065 Lyontree Street	
	Hollywood, Florida 33019	
	मू ५: •	
(Attack additional pag	ges if necessary)	
	President and Sole Director	
nature of an officer of director	Title of person signing	
Dror Svorai	FILING FEE \$35	

Make checks payable to Florida Department of State and Mail to: Division of Corporations • PO Box 6327 • Tallahassee, FL 32314

CR2E127 (8/08)

Typed or printed name of person signing