

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G59008

Entity Name: HELIOCOL USA, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

927 FERN STREET  
SUITE 1500  
ALTAMONTE SPRINGS, FL 32701 US

## New Principal Place of Business:

## Current Mailing Address:

927 FERN STREET  
SUITE 1500  
ALTAMONTE SPRINGS, FL 32701 US

## New Mailing Address:

FEI Number: 59-2320783      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EYAL, VICTOR A  
927 FERN ST  
SUITE 1500  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EYAL, VICTOR A  
Address: 927 FERN ST STE 1500  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: V ( ) Delete  
Name: EYAL, RONIT  
Address: 927 FERN ST STE 1500  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T ( ) Delete  
Name: EYAL, VICTOR A  
Address: 927 FERN ST STE 1500  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: V ( ) Delete  
Name: SHATZKI, JOSEPH  
Address: KIBBUTZ MAGEN  
City-St-Zip: DN HANEDEV, IL 85465 IL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: VICTOR EYAL

P

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date