

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G59008

Entity Name: HELIOCOL USA, INC.

FILED
Mar 27, 2009
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: DOTTI KNURR

ADMN

03/27/2009

Electronic Signature of Signing Officer or Director

Date