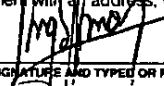


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State

04-22-2004 90091 045 ****61.25

DOCUMENT # N03000004088					
1. Entity Name SHEMA ISRAEL INTERNATIONAL, INC.					
Principal Place of Business 7120 S.W. 30TH STREET MIAMI FL 33155			Mailing Address 7120 S.W. 30TH STREET MIAMI FL 33155		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0867637	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOFFMAN, MANIEL D 7120 S.W. 30TH STREET MIAMI FL 33155			7. Name and Address of New Registered Agent Name GOFFMAN MANUEL D. CORRECT FIRST NAME Street Address (P.O. Box Number is Not Acceptable) SAME City SAME FL Zip Code SAME		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOFFMAN, MANUEL D 12360 N.W. 11TH LANE MIAMI FL 33182 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESPINOZA, HECTOR 1438 TEMPLE HEIGHTS DR. OCEANSIDE CA 92062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOFFMAN, ROSA A 12360 N.W. 11TH LANE MIAMI FL 33182 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, VIRGIL 3806 INGLEWOOD CT. AUGUSTA GA 30906 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUSAN, BELARMINO 9165 FOUNTAINBLEAU BLVD. APT. #8 MIAMI FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ☒ Change ☐ Addition DUSSAN BELARMINO CORRECT LAST NAME SAME SAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 		GOFFMAN MANUEL D.		5-25-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

00424067



MOORE CR2E037 (11/03)