2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90148 016 ****61.25

DOCUMENT # N03000004088

1. Entity Name
SHEMA ISRAEL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7120 S.W. 30TH STREET MIAMI, FL 33155	7120 S.W. 30TH STREET MIAMI, FL 33155

CORRECTING ADDRESS

03212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
7120 SW 30 RD	7120 SW 30 RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33155 Country: MIAMI DADE	Zip: 33155 Country: MIAMI DADE

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, MANUEL D
7120 S.W. 30TH STREET
MIAMI, FL 33155

CORRECTING ADDRESS

7. Name and Address of New Registered Agent

Name: GOFFMAN MANUEL D
Street Address (P.O. Box Number is Not Acceptable): 7120 SW 30 RD
City: MIAMI **FL** Zip Code: 33155

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 _____ MANUEL D. GOFFMAN P.D. 04/21/05
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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		☐ Change ☐ Addition
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: _____ MANUEL D. GOFFMAN P/D 04/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #