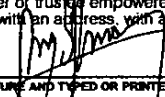


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90146 009 ****61.25

DOCUMENT # N03000004088 1. Entity Name SHEMA ISRAEL INTERNATIONAL, INC.			
Principal Place of Business 7120 SW 3RD RD MIAMI, FL 33155		Mailing Address 7120 SW 3RD RD MIAMI, FL 33155	
2. Principal Place of Business 7120 SW 30 RD.		3. Mailing Address 7120 SW 30 RD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33155		Zip 33155	
Country USA		Country USA	
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 1120 SW 30 RD MIAMI, FL 33155		7. Name and Address of New Registered Agent Name GOFFMAN, MANUEL D. Street Address (P.O. Box Number is Not Acceptable) 1120 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		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	VD VIRGIL HUBER 3806 INGLEWOOD CT AUGUSTA, GA 30906 ☒ 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	D MENDES, AVNER BEN YEHUDA 7120 SW 30 RD MIAMI, FL 33155 ☒ 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 exemptions contained 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 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.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/17/06 Daytime Phone # (305) 300-0036	