# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N08000008080

**Entity Name:** ISRAEL EXPERIENCE INC.

**Current Principal Place of Business:**

1100 NE 163 STREET
SUITE 404
MIAMI, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1100 NE 163 STREET
SUITE 404
MIAMI, FL 33162

**New Mailing Address:**

**FEI Number: 26-3277052** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRYKS, TULLY
1100 NE 163 STREET
SUITE 404
MIAMI, FL 33162 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

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | BRYKS, TULLY | |
| Address: | 17231 NE 11COURT | |
| City-St-Zip: | MIAMI, FL 33162 | |
| Title: | D | ( ) Delete |
| Name: | WEISS, RICHARD | |
| Address: | 7301 SW 115 STREET | |
| City-St-Zip: | MIAMI, FL 33156 | |
| Title: | D | ( ) Delete |
| Name: | KALOS, STEPHEN | |
| Address: | 625 W 42 STREET | |
| City-St-Zip: | MIAMI BEACH, FL 33140 | |
| Title: | D | ( ) Delete |
| Name: | BURG, STEVEN | |
| Address: | 43 FREDERICK PLACE | |
| City-St-Zip: | BERGENFIELD, NJ 07621 | |
| Title: | D | ( ) Delete |
| Name: | ZAK, NAHUM | |
| Address: | 7219 139 STREET | |
| City-St-Zip: | FLUSHING, NY 11367 | |

**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: | |
| 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TULLY BRYKS PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date