
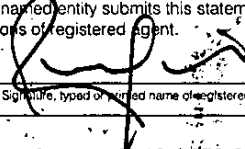
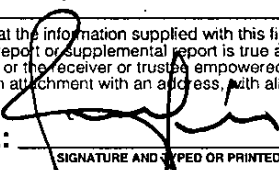


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90416 024 ***150.00

DOCUMENT # P01000065459					
1. Entity Name ISRAEL GROUP INVESTMENTS, INC.					
Principal Place of Business 150 SE 25 RD 3C STE C3 MIAMI, FL 33129			Mailing Address 150 SE 25 RD 3C STE C3 MIAMI, FL 33129		
2. Principal Place of Business 5435 SW 153 Ave Rd Suite, Apt. #, etc.		3. Mailing Address 5435 SW 153 Ave Rd Suite, Apt. #, etc.			
City & State Miami		City & State Miami		4. FEI Number 06-1633361	
Zip 33185		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBIO, ANGEL I 150 SE 25 RD, SUITE 6E MIAMI, FL 33129			7. Name and Address of New Registered Agent Name: RUBIO ANGEL Street Address (P.O. Box Number is Not Acceptable): 5435 SW 153 Ave Rd City: Miami FL Zip Code: 33185		
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:  DATE: 04-29-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD RUBIO, ANGEL I <input checked="" type="checkbox"/> Delete 150 SE 25 RD, SUITE 6E MIAMI, FL 33129		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD RUBIO, ANGEL I. <input type="checkbox"/> Change <input type="checkbox"/> Addition 5435 SW 153 Ave Rd Miami, Florida 33185	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: 			04-29-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

42014327



04282005 Chg-P CR2E034 (10/03)