

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015505

FILED
Apr 30, 2004
Secretary of State

Entity Name: INTEGRITY SALES CORP.

Current Principal Place of Business:

1375 NW 97TH AVENUE
#3
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1375 NW 97TH AVENUE
#3
MIAMI, FL 33172

New Mailing Address:

FEI Number: 01-0595421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSHE, EDERY
11921 SOUTH DIXIE HWY.
SUITE 205
MIAMI, FL, FL 33156 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARARY, SHIMON
Address: 3231 SW 53RD STREET
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: V () Delete
Name: BEN-CHETRIT, AMALIA
Address: 8121 SW 104 STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/T (X) Change () Addition
Name: BEN-CHETRIT, AMALIA
Address: 8121 SW 104 STREET
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMALIA BENCHETRIT

VP

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date