


**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90004 028 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P02000107929			
1. Entity Name ISRAEL - USA CONNECTIONS, INC.			
Principal Place of Business 5201 TAVEL STREET ORLANDO, FL 32821		Mailing Address 5201 TAVEL STREET ORLANDO, FL 32821	
2. Principal Place of Business 444 N. PINE MEADOW DR. Suite, Apt. #, etc.		3. Mailing Address 444 N. PINE MEADOW DR. Suite, Apt. #, etc.	
City & State DEBARY FL.		City & State DEBARY FL.	
Zip 32713		Zip 32713	
Country		Country	
4. FEI Number 52-2382322		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent AVNI, ILAN 5201 TAVEL STREET ORLANDO, FL 32821		7. Name and Address of New Registered Agent Name AVNI ILAN Street Address (P.O. Box Number is Not Acceptable) 444 N. PINE MEADOW DRIVE City DEBARY FL Zip Code 32713	
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 <i>ILAN AVNI VPT</i>		SIGNATURE <i>Ilan Avni</i>	
Date 7/17/04		Date 7/17/04	
FILE NOW!! FEB IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 807.193(2)(b), F.S.; the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT AVNI, ILAN 5201 TAVEL STREET ORLANDO, FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT AVNI ILAN 444 N. PINE MEADOW DR. DEBARY FL. 32713 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AVNI, DORA 5201 TAVEL STREET ORLANDO, FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AVNI DORA 444 N. PINE MEADOW DR. DEBARY FL. 32713 <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 110.07(3)(1), 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 employees.			
SIGNATURE: <i>Ilan Avni</i>		Date: 7/17/04	
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date/Time Print: 386668-0953	

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