


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90355 016 ***150.00

DOCUMENT # P02000133717

1. Entity Name
ISRA HOMES, INC.



Principal Place of Business
1705 49TH STREET SOUTH
ST PETERSBURG, FL 33707 US

Mailing Address
P.O. BOX 55360
SAINT PETERSBURG, FL 33732 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 55368
 Suite, Apt. #, etc.

City & State
St Petersburg FL

Zip
33732

Country
USA

40083010



04232008 Chg-P CR2E034 (12/06)

4. FEI Number
51-0439017

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WINEBRENNER, JACK M
8950 DR. MARTIN LUTHER KING ST N.
SUITE 130
ST PETERSBURG, FL 33713

Address change only

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1384 - 54th AVE NE

City
St Petersburg

State
FL

Zip Code
33703

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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIMSHONI, MICHAEL			NAME			
STREET ADDRESS	1705 49TH STREET SOUTH			STREET ADDRESS			
CITY- ST- ZIP	ST PETERSBURG, FL 33707			CITY- ST- ZIP			
TITLE	SV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERGERMAN, ARIEL			NAME			
STREET ADDRESS	P.O. BOX 67261			STREET ADDRESS			
CITY- ST- ZIP	SAINT PETERSBURG, FL 33736			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied on 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 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: Ariel Bergerman 4/24/08 727/327-1256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #