

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077756

FILED
Jun 29, 2004
Secretary of State

Entity Name: NITZAN SHELL ASI TWO, INC.

Current Principal Place of Business:

C/O/ ZIVA NITZAN
4779 COLLINS AVE #3205
MIAMI BCH, FL 33140

New Principal Place of Business:

Current Mailing Address:

C/O/ ZIVA NITZAN
4779 COLLINS AVE #3205
MIAMI BCH, FL 33140

New Mailing Address:

FEI Number: 90-0104969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

JOSEPH R. COLLETTI PA
3550 BISCAYNE BLVD SUITE 610
MIAMI, FL 33137 US

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: JOSEPH R COLLETTI

06/29/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI () Change (X) Addition
Name: NITZAN, ZIVA PRESIDE
Address: 4779 COLLINS AVE # 3205
City-St-Zip: MIAMI BEACH, FL 33140

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: ZIVA NITZAN

OFFI

06/29/2004

Electronic Signature of Signing Officer or Director

Date