

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017947

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: TEMP CONTROL SYSTEMS INCCORP

## Current Principal Place of Business:

5125 ADMIRAL PL  
SARASOTA, FL 34231

## New Principal Place of Business:

## Current Mailing Address:

5125 ADMIRAL PL  
SARASOTA, FL 34231

## New Mailing Address:

FEI Number: 51-0495759      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLOOM, IRA PRESIDE  
5125 ADMIRAL PL  
SARASOTA, FL 34231      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: BLOOM, IRA  
Address: 5125 ADMIRAL PL  
City-St-Zip: SARASOTA, FL 34231

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: MASLATI, MICHAEL  
Address: 13385 KINGSBURY CT  
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Change (X) Addition  
Name: EREZ, RON  
Address: BOX 304 BNEI ZION 60910  
City-St-Zip: ISRAEL, IS ISRAEL

Title: VP ( ) Change (X) Addition  
Name: EREZ, ARI  
Address: BOX 304 BNEI ZION 60910  
City-St-Zip: ISRAEL, IS ISRAEL

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: IRA BLOOM

P

01/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date