
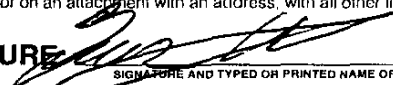


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P04000045739</b> 1. Entity Name <b>THE KADOSH ORGANIZATION, INC.</b>						<b>FILED</b> <b>05 AUG 25 PM 12:30</b> TREASURY DEPT. FLORIDA 																									
Principal Place of Business <b>8681 W. IRLO BRONSON MEMORIAL HIGHWAY 126/127 KISSIMMEE, FL 34747 US</b>				Mailing Address <b>926 TRUMAN AVE. KEY WEST, FL 33040 US</b>																											
2. Principal Place of Business		3. Mailing Address		08102005 Chg-P CR2E034 (10/03)		4. FEI Number <b>20-0863161</b>																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Applied For <input type="checkbox"/> Not Applicable																									
City & State		City & State		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
Country		Country		6. Name and Address of Current Registered Agent <b>KELLEY, ALBERT L 926 TRUMAN AVE. KEY WEST, FL 33040</b>																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) (DATE)																															
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PTSD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KADOSH, YAIR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11025 INTERNATIONAL DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32821</td> <td></td> </tr> </table>				TITLE	PTSD	<input type="checkbox"/> Delete	NAME	KADOSH, YAIR		STREET ADDRESS	11025 INTERNATIONAL DR.		CITY-ST-ZIP	ORLANDO, FL 32821		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PTSD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Kadosh, Yair</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6301 Collins Ave., #1203</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami Beach, FL 33139</td> <td></td> </tr> </table>				TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Kadosh, Yair		STREET ADDRESS	6301 Collins Ave., #1203		CITY-ST-ZIP	Miami Beach, FL 33139	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 				<b>Yair Kadosh, President</b>																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>8-15-05</b> Daytime Phone # <b>305-868-7480</b>																											