

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120455

Entity Name: KISLEV, INC.

FILED
Jun 22, 2005
Secretary of State

Current Principal Place of Business:

C/O AARON GOROVITZ
215 N EOLA DRIVE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

C/O AARON GOROVITZ
215 N EOLA DRIVE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-1538831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHEINBLUM, MARK
215 N EOLA DRIVE
ORLANDO, FL 32801 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

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: D () Delete
Name: LAMDAN, NILI
Address: 42 WEIZMAN STREET
City-St-Zip: REHOVOT ISRAEL, 76283

Title: D () Delete
Name: MANSON, SHLOMIT
Address: 320 CENTRAL PARK WEST APT 5C
City-St-Zip: NEW YORK, NY 10025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LAMDAN, NILI
Address: 320 CENTRAL PARK WEST
City-St-Zip: NEW YORK, NY 10025

Title: DPS (X) Change () Addition
Name: MANSON, SHLOMIT
Address: 320 CENTRAL PARK WEST APT 5C
City-St-Zip: NEW YORK, NY 10025

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: NILI LAMDAN

P

06/22/2005

Electronic Signature of Signing Officer or Director

Date