

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90128 026 \*\*\*150.00

DOCUMENT # P05000161301



1. Entity Name  
**S & Z FISCHER INVESTMENTS, INC.**

401

Principal Place of Business Mailing Address  
**47 HAKABLON STREET** **47 HAKABLON STREET**  
**JERUSALEM, X 0 IS** **JERUSALEM, X 0 IS**



2. Principal Place of Business 3. Mailing Address  
**47 Rehov Hakablan** **47 Rehov Hakablan**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02252006 Chg-P CR2E034 (11/05)

City & State City & State  
**Jerusalem** **Jerusalem**  
 Zip Country Zip Country  
**93874** **Israel** **93874** **Israel**

4. FEI Number Applied For  
**20-4083545** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number Is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, hand or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FISCHER, SAUL</b>	
STREET ADDRESS	<b>47 HAKABLON STREET</b>	
CITY-ST-ZIP	<b>JERUSALEM, X 0</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FISCHER, SAUL</b>	
STREET ADDRESS	<b>47 HAKABLON STREET</b>	
CITY-ST-ZIP	<b>JERUSALEM, X 0</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FISCHER, SAUL</b>	
STREET ADDRESS	<b>47 HAKABLON STREET</b>	
CITY-ST-ZIP	<b>JERUSALEM, X 0</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FISCHER, ZAHAVA</b>	
STREET ADDRESS	<b>47 HAKABLON STREET</b>	
CITY-ST-ZIP	<b>JERUSALEM, X 0</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>47 Rehov Hakablan</b>	
STREET ADDRESS	<b>Jerusalem 93874 Israel</b>	
CITY-ST-ZIP	<b>Jerusalem 93874 Israel</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>47 Rehov Hakablan</b>	
STREET ADDRESS	<b>Jerusalem 93874 Israel</b>	
CITY-ST-ZIP	<b>Jerusalem 93874 Israel</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fischer, Saul</b>	
STREET ADDRESS	<b>47 Rehov Hakablan</b>	
CITY-ST-ZIP	<b>Jerusalem 93874 Israel</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with 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 no other like empowered.

SIGNATURE: Saul Fischer **SAUL Fischer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #