FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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10 JUN -4 PM 1:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000065234

1. Entity Name
Esther Holdings USA, Inc.

100181713391
06/04/10--01024--017 **150.00

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CR2E034B (11/06)

DC

2. Principal Place of Business - No P.O. Box #
9200 S. Dadeland Blvd
Suite, Apt. #, etc.
Ste. 508
City & State
Miami, FL
Zip
33156
Country
Dade

3. Mailing Address
(SAME)
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0517999
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
United Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
9200 S. Dadeland Blvd.
Ste. 508
City
Miami
FL
Zip Code
33156

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 Michael Barr MICHAEL BARR, PRESIDENT 06/04/2010
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Or, Amended AR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Dir Ilan Malkin Herbert Samuel Street 36, Apt.82 Tel Aviv, Israel 68018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. 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 on an attachment with an address, with all other like empowered.

Maris.Kruze@unitedcorporate.com

SIGNATURE: Ilan Malkin 06/03/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Division Form 1