


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000023809  
 1. Entity Name  
 ISRAEL VERTICALS, INC.



Principal Place of Business      Mailing Address  
 26853 S. DIXIE HWY      26853 S. DIXIE HWY  
 MIAMI, FL 33032      NARANJA, FL 33032

**DO NOT WRITE IN THIS SPACE**



07052005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0684980      Not Applicable

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

6. Name and Address of Current Registered Agent  
 FREIRE, RICARDO  
 26853 S. DIXIE HWY.  
 NARANJA, FL 33032

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FREIRE, RICARDO
STREET ADDRESS	26853 S. DIXIE HWY
CITY - ST - ZIP	NARANJA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 07/07/05-80002-017 150.00

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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:       Date: 07-05-05      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR