2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P99000109925

Entity Name: SHEMESH, INC.

Current Principal Place of Business:

C/O S.M. RUBASHKIN
220 WEST STREET
POSTVILLE, IA 52162

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 920
POSTVILLE, IA 52162

New Mailing Address:

FEI Number: 65-0970478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIRMELLI, STEWART M
100 SE 2ND STREET
SUITE 2600
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RUBASHKIN, SHOLOM M
Address: 200 WEST STREET
City-St-Zip: POSTVILLE, IA 52162

Title: VPD ( ) Delete
Name: RUBASHKIN, HESHY
Address: 200 WEST STREET
City-St-Zip: POSTVILLE, IA 52162

Title: SD ( ) Delete
Name: RUBASHKIN, YASSI
Address: 200 WEST STREET
City-St-Zip: POSTVILLE, IA 52162

Title: TD ( ) Delete
Name: GOLDMAN, GITTEL
Address: 6851 NW 32ND AVE
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHOLOM RUBASHKIN PD 01/06/2004

Electronic Signature of Signing Officer or Director — Date