

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 DEC 11 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09102008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P99000109925</b> 1. Entity Name <b>SHEMESH, INC.</b>			
Principal Place of Business 220 WEST STREET POSTVILLE, IA 52162 US		Mailing Address P.O. BOX 920 POSTVILLE, IA 52162	
2. Principal Place of Business - No P.O. Box # <b>6851 NW 32 AVE.</b> Suite, Apt. #, etc.		3. Mailing Address <b>6851 NW 32 AVE.</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33147</b>		Zip <b>33147</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0970478</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MIRMELLI, STEWART M</b> <b>100 SE 2ND STREET</b> <b>2650</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>GITTEL GOLDMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>6851 NW 32 AVE.</b> City <b>MIAMI</b> FL Zip Code <b>33147</b>	
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 <i>[Signature]</i> <span style="float: right;">DATE <b>11-19-08</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RUBASHKIN, SHOLOM M <input checked="" type="checkbox"/> Delete 200 WEST STREET POSTVILLE, IA 52162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GITTEL GOLDMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6851 NW 32 AVE. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBASHKIN, SHOLOM M <input checked="" type="checkbox"/> Delete 200 WEST STREET POSTVILLE, IA 52162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GITTEL GOLDMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6851 NW 32 AVE. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400138180224 11/21/08--01031--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: <i>[Signature]</i>		SIGNATURE: <i>[Signature]</i> <b>11-05-08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
<small>Daytime Phone #</small>		(786-) 837-6936	