

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 17, 2007  
Secretary of State

DOCUMENT# N02000008969

Entity Name: A HAND FOR ISRAEL CORP.

**Current Principal Place of Business:**

211 NORTHWEST 5TH AVENUE  
HALLANDALE, FL 33009 FL

**New Principal Place of Business:**

**Current Mailing Address:**

211 NORTHWEST 5TH AVENUE  
HALLANDALE, FL 33009 FL

**New Mailing Address:**

FEI Number: 32-0043848      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GOLDIS, DAVID  
211 NW 5TH AVE  
HALLANDALE, FL 33009 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

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: ARGY, YENON  
Address: 211 NORTHWEST 5TH AVENUE  
City-St-Zip: HALLANDALE, FL 33009 US

Title: VD ( ) Delete  
Name: ARGY, LIOR  
Address: 211 NORTHWEST 5TH AVENUE  
City-St-Zip: HALLANDALE, FL 33009 US

Title: TD ( ) Delete  
Name: GOLDIS, DAVID  
Address: 211 NORTHWEST 5TH AVENUE  
City-St-Zip: HALLANDALE, FL 33009 US

Title: D ( ) Delete  
Name: BENHAMU, RABBI YEHUDA  
Address: 211 NORTHWEST 5TH AVENUE  
City-St-Zip: HALLANDALE, FL 33009 US

Title: SD ( ) Delete  
Name: ANIDJAR, ELIAHU  
Address: 211 NORTHWEST 5TH AVENUE  
City-St-Zip: HALLANDALE, FL 33009 US

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YENON ARGY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PSD

05/17/2007

\_\_\_\_\_ Date