## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Jul 01, 2005 8:00 am Secrétary of State **DOCUMENT # N03000006182** 07-01-2005 90004 023 \*\*\*\*61.25 1. Entity Name CHAI CENTER OF SUNNY ISLES INC. Principal Place of Business Mailing Address 1100 N.E. 163 ST 17150 COLLINS AVE 101228 N. MIAMI BEACH, FL 33160 MIAMI, FL 33162 06232005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0100451 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GITTLESON, SHELDON D DO NOT WRITE 1100 NE 163RD STREET 401 IN THIS SPACE MIAMI, FL 33162 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE NAME KALLER, ALEXANDER STREET ADDRESS 17150 COLLINS AVE #101228 CITY-ST-ZIP MIAMI, FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

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 instead in powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with dress, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



IN THIS SPACE

FILED