

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000182

FILED
Jun 15, 2009
Secretary of State

Entity Name: OHR HA CHAIM HA KADOSH SHEVACH, INC.

Current Principal Place of Business:

2999 NE 191ST ST.
#PH-2
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2999 NE 191ST ST.
#PH-2
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-0554220 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:

STONE, PAUL
2999 NE 191ST ST.
#PH-2
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

NEWMAN, SHMUEL N
826 ARGONAUT ISLE
DANIA BEACH, FL 33004 US

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: SHMUEL N. NEWMAN

06/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: TOLEDANO, YIZHAK
Address: 2999 NE 191ST ST. #PH-2
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: AFLALO, MORDECHAI
Address: 2320 HOLLYWOOD BOULEVARD
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP () Change (X) Addition
Name: NEWMAN, SHMUEL N
Address: 826 ARGONAUT ISLE
City-St-Zip: DANIA BEACH, FL 33004

Title: VP () Change (X) Addition
Name: AFLALO, MEIRA
Address: 826 ARGONAUT ISLE
City-St-Zip: DANIA BEACH, FL 33004

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: MORDECHAI AFLALO

P

06/15/2009

Electronic Signature of Signing Officer or Director

Date