2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26741

City-St-Zip: TAMARAC, FL 33351

FILED Apr 29, 2009 Secretary of State

| Entity Nai | me: RODFEI | SHALOM FELLOWSHIP, INC. | | | | |
|---|---|----------------------------------|-------------------------------|---|--------------------------------------|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| 8358 WEST OAKLAND PARK BLVD, #203-C SUNRISE, FL 33351 US | | | SUI | 8 WEST OAKLAND TE 202-L | PARK BLVD, | |
| | | | SUI | NRISE, FL 33351 | US | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 8358 WEST OAKLAND PARK BLVD, #203-C SUNRISE, FL 33351 US | | | | 8358 WEST OAKLAND PARK BLVD, SUITE 202-L SUNRISE, FL 33351 US | | |
| FEI Number | : 65-0064489 | FEI Number Applied For() | | Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| 7258 SÓL | AHUM RABB ANDRA LANE C, FL 33321 | | | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of cha | anging its registered | office or registered agent, or both, | |
| SIGNATUI | RE: | | | | | |
| Electronic Signature of Registered Agent | | | | | Date | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | DP (SIMON, NAHU 7258 SOLAND TAMARAC, FL | RA LANE | Title Nam Addr City- | e: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DT (GOLDFEIN, AI 147-22 68TH A REGO PARK, | AVENUE | Title Nam Addr City- | e: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DS (COHEN, YAEL 3964 N.W. 94 SUNRISE, FL | TH TERRACE | Title Nam Addr City- | e: | () Change () Addition | |
| Title: Name: Address: | DVP (SIMON, SHER 7258 SOLAND | | Title Nam Addr | e: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: NAHUM SIMON PRES 04/29/2009