

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2009  
Secretary of State**

DOCUMENT# N99000001955

Entity Name: HEBREW EDUCATORS ALLIANCE, INC.

**Current Principal Place of Business:**

2040 ACTION RD  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

2040 ALTON RD  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

2040 ACTION RD  
MIAMI BEACH, FL 33140

**New Mailing Address:**

2040 ALTON RD  
MIAMI BEACH, FL 33140

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

SCHAPIRO, MRS. TIRTZA  
2040 ALTON ROAD  
MIAMI BEACH, FL 33140    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:                      PD                      ( ) Delete  
Name:                      SCHAPIRO, TIRTZA  
Address:                      2040 ALTON RD  
City-St-Zip:                      MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      PD                      (X) Change ( ) Addition  
Name:                      SCHAPIRO, TIRTZA  
Address:                      2040 ALTON RD  
City-St-Zip:                      MIAMI BEACH, FL 33140

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: TIRTZA SCHAPIRO

PD

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date