

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167714

FILED  
Jul 06, 2005  
Secretary of State

Entity Name: INVICTA CARE FOUNDATION, INC.

## Current Principal Place of Business:

2227 NORTH FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

3069 TAFT STREET  
HOLLYWOOD, FL 33021

## Current Mailing Address:

2227 NORTH FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

## New Mailing Address:

3069 TAFT STREET  
HOLLYWOOD, FL 33021

FEI Number: 20-2005239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FELDMAN, PAUL  
407 LINCOLN ROAD  
SUITE 701  
MIAMI BEACH, FL 33139 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LALO, EYAL  
Address: 2227 NORTH FEDERAL HIGHWAY  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP,S ( ) Delete  
Name: COHEN, GANY  
Address: 2227 NORTH FEDERAL HIGHWAY  
City-St-Zip: HOLLYWOOD, FL 33020 US

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LALO, EYAL  
Address: 3069 TAFT STREET  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP (X) Change ( ) Addition  
Name: LALO, KEREN  
Address: 3069 TAFT STREET  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: TREA ( ) Change (X) Addition  
Name: COHEN, GANY  
Address: 3069 TAFT STREET  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EYAL LALO

P

07/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date