

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768087

FILED
Apr 27, 2005
Secretary of State

Entity Name: THE ALEPH INSTITUTE, INC.

Current Principal Place of Business:

9540 COLLINS AVE
2ND FL
SURFSIDE, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 547127
SURFSIDE, FL 33154 US

New Mailing Address:

FEI Number: 59-2291627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSKAR, JOSEPH
9540 COLLINS AVENUE
SURFSIDE, FL 33154 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: HOLTZ, DANIEL
Address: 9540 COLLINS AVENUE
City-St-Zip: SURFSIDE, FL

Title: VPD () Delete
Name: KAHN, SONNY
Address: 9540 COLLINS AVE
City-St-Zip: SURFSIDE, FL

Title: ST () Delete
Name: BORUCH, DUCHMAN
Address: 9540 COLLINS AVE
City-St-Zip: SURFSIDE, FL

Title: C () Delete
Name: LIPSKAR, SHOLOM D
Address: 9540 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RUBIN, LLOYD PD
Address: 9540 COLLINS AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHOLOM LIPSKAR

D

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date