

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768087

FILED  
Mar 16, 2007  
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: RUBIN, LLOYD PD  
Address: 9540 COLLINS AVENUE  
City-St-Zip: SURFSIDE, FL 33154

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

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 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: SHOLOM LIPSKAR

D

03/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date