

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005249

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: HEBREW HOMES CAPTIVE SERVICES, INC.

## Current Principal Place of Business:

4770 BISCAYNE BLVD  
400  
MIAMI, FL 33137

## New Principal Place of Business:

4770 BISCAYNE BLVD  
1400  
MIAMI, FL 33137

## Current Mailing Address:

4770 BISCAYNE BLVD.  
400  
MIAMI, FL 33137

## New Mailing Address:

4770 BISCAYNE BLVD.  
1400  
MIAMI, FL 33137

FEI Number: 65-1040931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A  
4770 BISCAYNE BLVD.  
400  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

GALBUT, ABRAHAM A  
4770 BISCAYNE BLVD.  
1400  
MIAMI, FL 33137 US

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:

04/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GALBUT, RUSSELL  
Address: 2200 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33139

Title: D ( ) Delete  
Name: ZUBKOFF, WILLIAM  
Address: 1800 N.E. 165 ST. 200  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: KALUS, ELLIOT  
Address: 1800 N.E. 165 ST. 200  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: P ( ) Delete  
Name: GALBUT, ABRAHAM A  
Address: 4770 BISCAYNE BLVD. 400  
City-St-Zip: MIAMI, FL 33137

## 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: P (X) Change ( ) Addition  
Name: GALBUT, ABRAHAM A  
Address: 4770 BISCAYNE BLVD. 1400  
City-St-Zip: MIAMI, FL 33137

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: ABRAHAM A. GALBUT

DIR

04/25/2009

Electronic Signature of Signing Officer or Director

Date