

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768087

FILED
Apr 05, 2012
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:

9540 COLLINS AVE
SURFSIDE, FL 33154 US

Current Mailing Address:

9540 COLLINS AVE
2ND FL
SURFSIDE, FL 33154 US

New Mailing Address:

9540 COLLINS AVE
SURFSIDE, FL 33154 US

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
Name: RUBIN, LLOYD PD
Address: 9540 COLLINS AVENUE
City-St-Zip: SURFSIDE, FL 33154

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHOLOM LIPSKAR

DIR

04/05/2012

Electronic Signature of Signing Officer or Director

Date