

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007609

**Entity Name:** CHESED AVRAHAM ZEV - THE DR. ABE CHAMES  
FOUNDATION, INC.**FILED**  
**Feb 21, 2013**  
**Secretary of State**  
**CC8091400184****Current Principal Place of Business:**201 SOUTH BISCAYNE BOULEVARD  
17TH FLOOR  
MIAMI, FL 33131**Current Mailing Address:**201 SOUTH BISCAYNE BOULEVARD  
17TH FLOOR  
MIAMI, FL 33131**FEI Number: 27-0542408****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHAMES, DEBORAH S ESQ.  
201 SOUTH BISCAYNE BOULEVARD  
17TH FLOOR  
MIAMI, FL 33131 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: DEBORAH S. CHAMES****02/21/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES
Name	CHAMES, DEBORAH S ESQ.
Address	201 SOUTH BISCAYNE BOULEVARD, 17TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	VICE
Name	CHAMES, JONATHAN A
Address	4101 PINE TREE DRIVE, APARTMENT 1619
City-State-Zip:	MIAMI BEACH FL 33140

Title	DIRC
Name	SHALOLASHVILI, MELISSA S
Address	144 05 68TH DRIVE
City-State-Zip:	FLUSHING NY 11367

Title	DIRC
Name	KAHN, TOBY
Address	4630 PINE TREE DRIVE
City-State-Zip:	MIAMI BEACH FL 33140

Title	DIRC
Name	KIRSCHENBAUM, ARI
Address	17140 N.E. 12TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

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: DEBORAH S CHAMES****PRESIDENT****02/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date