

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704210

FILED  
Mar 14, 2009  
Secretary of State

Entity Name: TRANQUILITY HOUSE , INC.

## Current Principal Place of Business:

358 EUCLID AVE.  
APT. #10  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

358 EUCLID AVE.  
APT. #10  
MIAMI BEACH, FL 33139

## New Mailing Address:

FEI Number: 59-2067396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LITWIN, AVI ESQ  
4434 SHERIDAN AVENUE  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

OSTREICHER, LEO  
358 EUCLID AVE  
UNIT 10  
MIAMI BEACH, FL 33139 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: LO

03/14/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OSTREICHER, LEO  
Address: 358 EUCLID AVE. #12A  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD ( ) Delete  
Name: ARON, OSTREICHER  
Address: 358 EUCLID AVE UNIT 10  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD ( ) Delete  
Name: DESTEPHAN, JOSEPH  
Address: 358 EUCLID AVE. #12  
City-St-Zip: MIAMI BEACH, FL 33139

## 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:

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: LO

PD

03/14/2009

Electronic Signature of Signing Officer or Director

Date