

FILED
Jan 17, 2006 8:00 am
Secretary of State

FROM : Hello:)

FAX NO. : 9547970

01-17-2006 90275 011 *****61.25

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2006 NON-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 755965			
1. Entity Name OHEL SHALOM VELEAH, INC.			
Principal Place of Business 2980 A SIMMS ST HOLLYWOOD, FL 33020		Mailing Address 3830 NORTH 40 AVENUE HOLLYWOOD, FL 33021	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent SHARABY, BENJAMIN 3830 NORTH 40 AVENUE HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SHARABY, BENJAMIN 2980 A SIMMS ST HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHARABY, Ayelet 2980 A Simms St Hollywood FL 33020 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SHARABY, TZVI 2980 A SIMMS ST HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SHARABY, YIGAL 2980 A SIMMS ST HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHARABY, PYELET 2980 A SIMMS ST HOLLYWOOD, FL 33020 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE <i>[Signature]</i>		1/9/06 954-987-2569	
SIGNATURE AND TYPED OR PRINTED NAME OF SICKING OFFICER OR DIRECTOR		Date Daytime Phone	

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