

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90044 038 \*\*\*\*70.00

**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

60033401



**DO NOT WRITE IN THIS SPACE**

03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-2070917

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHARABY, BENJAMIN  
3830 NORTH 40 AVENUE  
HOLLYWOOD, FL 33021

**DO NOT WRITE  
IN THIS SPACE**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/07

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SHARABY, BENJAMIN  
STREET ADDRESS 2980 A SIMMS ST  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE VTD  
NAME SHARABY, TZVI  
STREET ADDRESS 2980 A SIMMS ST  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE CEO  
NAME SHARABY, YIGAL  
STREET ADDRESS 2980 A SIMMS ST  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE S  
NAME SHARABY, AYELET  
STREET ADDRESS 2980 A SIMMS ST  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE M  
NAME SHARABY, AYELET  
STREET ADDRESS 2980 A SIMMS ST  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07 954-987-8563  
Date Daytime Phone #