

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768087

**FILED**  
**Apr 06, 2011**  
**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:**

**Current Mailing Address:**

9540 COLLINS AVE  
2ND FL  
SURFSIDE, FL 33154 US

**New Mailing Address:**

**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

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date