

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000003010**

1. Entity Name  
**KABBALAH CENTRES OF THE UNITED STATES, INC.**



Principal Place of Business  
**1062 SOUTH ROBERTSON BLVD  
LOS ANGELES, CA 90035**

Mailing Address  
**1062 SOUTH ROBERTSON BLVD  
LOS ANGELES, CA 90035**



07052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-4436084**

Applied For  
Not Applicable

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

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

**YARDENI, SARA  
8411 WEST PALMETTO PARK RD  
BOCA RATON, FL 33433**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SOLOMON, EVAN  
STREET ADDRESS 1062 SOUTH ROBERTSON BLVD  
CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE VD  
NAME JIAN, ELIAHOU  
STREET ADDRESS 1062 SOUTH ROBERTSON BLVD  
CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE SD  
NAME YARDENI, SARA  
STREET ADDRESS 1138 S. CREST DR.  
CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000770248  
07/24/07-90007-017 61.25

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/07 (310)601-1028**  
Date Daytime Phone #