

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 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**



05012008 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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000950995  
06/04/08-80013-020 61.25

**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	

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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**

Date

Daytime Phone #

*Evan Solomon*  
**Evan Solomon**  
**President**

**5/1/08**