


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005727	
1. Entity Name OHEL CHILDREN'S HOME AND FAMILY SERVICES, INC.	

Principal Place of Business 4510 16TH AVENUE BROOKLYN, NY 11204	Mailing Address 4510 16TH AVENUE BROOKLYN, NY 11204
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07182006 No Chg-NP CR2E037 (4/06)

4. FEI Number 11-6078704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEITZ, JACK R
1021 IVES DAIRY ROAD, SUITE 119
NORTH MIAMI BEACH, FL 33179

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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 _____ DATE _____
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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000573189 08/02/06-80006-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTRAM, MOSHE 3401 TREMLEY POINT RD. LINDEN, NJ 07036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIBERFELD, MARCEL DR 920 48TH STREET BROOKLYN, NY 11219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKER, BARRY 1406 AVE. X BROOKLYN, NY 11235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORT, YALE DR 2022 AVE M BROOKLYN, NY 11210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORENSTEIN, SID 1246 EAST 10TH STREET BROOKLYN, NY 11230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNIM, MARK ESQ 1290 AVE. OF THE AMERICAS NEW YORK, NY 10104

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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: Adam Jome Date: July 28, 06 Daytime Phone #: 718-686-3320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR