

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002923

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** AMERICANS FOR A SAFE ISRAEL, INC.

**Current Principal Place of Business:**

1751 SECOND AVE.  
NEW YORK, NY 10128 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2231  
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 51-0181418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, DOUGLAS  
2301 N MERIDIAN AV  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

FLATTO, CAROL  
1438 JEFFERSON AVE  
MIAMI BEACH, FL 33139 US

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: CAROL L. FLATTO

02/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: FLATTO, CAROL  
Address: 1438 JEFFERSON AV  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DST ( ) Delete  
Name: LEITMAN, LILIAN  
Address: 6655 KENSINGTON LANE, #302  
City-St-Zip: DELRAY BEACH, FL 33446

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVC ( ) Change (X) Addition  
Name: MILLER, DOUGLAS  
Address: 26525 WILLOWGREEN DR  
City-St-Zip: FRANKLIN, MI 48025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROL L. FLATTO

DC

02/05/2009

Electronic Signature of Signing Officer or Director

Date