

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

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000001612

1. Entity Name
HASIDIGRAPHIX, INC.



Principal Place of Business
**9240 SABLE RIDGE CIRCLE
#A
BOCA RATON, FL 33428**

Mailing Address
**9240 SABLE RIDGE CIRCLE
#A
BOCA RATON, FL 33428**



01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1082563	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KESSLER, ROHN
9240 SABLE RIDGE CIRCLE, #A
BOCA RATON, FL 33428**

**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

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	KESSLER, ROHN
STREET ADDRESS	9240 SABLE RIDGE CIRCLE, #A
CITY-ST-ZIP	BOCA RATON, FL 33428

TITLE	D
NAME	KESSLER, NINAH
STREET ADDRESS	9240 SABLE RIDGE CIRCLE, #A
CITY-ST-ZIP	BOCA RATON, FL 33428

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/09/08-80029-007 61.25

**DO NOT WRITE
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08

Date

561-859-4060

Daytime Phone #