2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003429

1. Entity Name
YDF, INC.

Principal Place of Business	Mailing Address
1030 NE 177TH TERRACE NORTH MIAMI BEACH, FL 33160	1030 NE 177TH TERRACE NORTH MIAMI BEACH, FL 33160

04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1105225
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAFRO, LINDA
7145 N. UNIVERSITY DR., #148
TAMARAC, FL 33321

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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, if changing registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVY, BRUCE
STREET ADDRESS	1030 NE 177 TERRACE
CITY ST ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D
NAME	BELOGORODSKY, MOSHE
STREET ADDRESS	1030 NE 177 TERRACE
CITY ST ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	DV
NAME	SOBELSON, MORDECAI
STREET ADDRESS	1030 NE 177 TERRACE
CITY ST ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	DS
NAME	ZIM, RICHARD
STREET ADDRESS	1980 E 8TH STREET
CITY ST ZIP	BROOKLYN, NY 11223
TITLE	D
NAME	RICHTER, YEAUDA
STREET ADDRESS	1030 NE 177 TERRACE
CITY ST ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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05/02/05-80110-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #