



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000008369	
1. Entity Name EITZAH, INC.	

Principal Place of Business RABBI TERRY BOOKMAN 15901 S.W. 81 AVENUE MIAMI, FL 33157	Mailing Address RABBI TERRY BOOKMAN 15901 S.W. 81 AVENUE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE

	
01222007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 31-1814520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, SUITE 2800 MIAMI, FL 33131	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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000632303 02/21/07-80017-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOOKMAN, TERRY 5950 N. KENDALL DRIVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAHN, WILLIAM 16 MANSON ROAD BOSTON, MS 02494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOBEL, DANA 16 MANSON ROAD BOSTON, MS 02494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBEL, JAMES 612 LEXINGTON WAY BURLINGTON, CA 14010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOKMAN, ROBERT 7 PLAINS DRIVE NEW CITY, NY 10956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBEL, KAREN 15901 SW 81ST AVENUE MIAMI, FL 33157

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: Terry A. Bookman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #