2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004
Secretary of State

DOCUMENT# N02000006018

Entity Name: DISABLED ISRAELI VETERANS HOST PROGRAM OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

C/O RIVKA SADJA
5118 NW 24TH WAY
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

C/O RIVKA SADJA
5118 NW 24TH WAY
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 54-2070973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVERMAN, THOMAS N ESQ
C/O THOMAS N SILVERMAN, P.A.
4400 PGA BLVD, STE 102
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SADJA, RIVKA
Address: 5118 NW 24TH WAY
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: SADJA, SANFORD D
Address: 5118 NW 24TH WAY
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: BLACK, JOHN
Address: 22568 CARAVELLE CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete
Name: RUBIN, MARGIE
Address: 22568 CARAVELLE CIRCLE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RIVKA SADJA D 02/25/2004
Electronic Signature of Signing Officer or Director — Date