2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008193

Entity Name: CHESED SHEL EMES, INC

FILED Feb 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1835 NE MIAMI GARDENS 312

MIAMI, FL 33179

Current Mailing Address: New Mailing Address:

1835 NE MIAMI GARDENS 312 MIAMI, FL 33179

FEI Number: 01-0749043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DONIN, SHALOM 17310 NE 11TH CRT NORTH MIAMI BEACH, FL 33162 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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition

 Name:
 DONIN, SHALOM
 Name:
 DONIN, SHALOM

 Address:
 17310 NE 11TH CT
 Address:
 17310 NE 11TH CT

City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D (X) Delete Title: () Change () Addition

 Name:
 WILYAMOWSKY, YACOV
 Name:

 Address:
 17310 NE 11TH CT
 Address:

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf VP} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:BASTOMSKY, DEVORAName:BASTOMSKY, DEVORAAddress:17310 NE 11TH CTAddress:17310 NE 11TH CT

City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: SHALOM DONIN D 02/14/2005