

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009802

**FILED**  
**May 03, 2004**  
**Secretary of State****Entity Name:** AMERICANS FOR ISRAELI AND PALESTINIAN ORPHANS, INC.**Current Principal Place of Business:**12865 W. DIXIE HIGHWAY  
NORTH MIAMI, FL 33161**New Principal Place of Business:**185 NE 166 STREET  
MIAMI, FL 33162**Current Mailing Address:**12865 W. DIXIE HIGHWAY  
NORTH MIAMI, FL 33161**New Mailing Address:**P. O. BOX 640168  
MIAMI, FL 33164**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**KAHANA, YIGAL D ESQ.  
12865 W. DIXIE HIGHWAY  
NORTH MIAMI, FL 33161**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: KAHANA, YIGAL D  
Address: 12865 W. DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI, FL 33161Title: D ( ) Delete  
Name: ABDELAZIZ, SOFIAN  
Address: 352 NE 167TH STREET  
City-St-Zip: N MIAMI BEACH, FL 33162Title: D ( ) Delete  
Name: HOWE, JIM  
Address: 9200 S. DADELAND BLVD.  
City-St-Zip: MIAMI, FL 33156**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: D (X) Change ( ) Addition  
Name: ABDELAZIZ ZAKKOUT, SOFIAN  
Address: 183 NE 166 STREET  
City-St-Zip: MIAMI, FL 33162Title: ( ) 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: SOFIAN ABDELAZIZ ZAKKOUT

D

05/03/2004

Electronic Signature of Signing Officer or Director

Date