

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000018

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: IRGUN HASHOMERIM INC.

## Current Principal Place of Business:

3300 NE 191ST STREET  
SUITE #202  
AVENTURA, FL 33180

## New Principal Place of Business:

P.O BOX 325  
VALRICO, FL 33595

## Current Mailing Address:

3300 NE 191ST STREET  
SUITE #202  
AVENTURA, FL 33180

## New Mailing Address:

P.O. BOX 325  
VALRICO, FL 33595

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GAYON, MICHAEL AARON RABBI  
3300 NE 191ST ST. #202  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

GAYON, MICHAEL AARON RABBI  
~~P.O. BOX 325~~ ===== 3015 TEGA CAY COURT  
~~VALRICO, FL 33595 --US--~~ RIVERVIEW, FL 33569

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:

04/05/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GAYON, JOY  
Address: 3300 NE 191ST ST., #202  
City-St-Zip: AVENTURA, FL 33180

Title: CEO ( ) Delete  
Name: GAYON, MICHAEL AARON RABBI  
Address: 3300 NE 191ST ST., #202  
City-St-Zip: AVENTURA, FL 33180

Title: S ( ) Delete  
Name: COTTEN, DAVID RABBI  
Address: 3300 NE 191ST ST., #202  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GAYON, JOY  
Address: P.O. BOX 325  
City-St-Zip: VALRICO, FL 33595

Title: CEO (X) Change ( ) Addition  
Name: GAYON, MICHAEL AARON RABBI  
Address: P.O. BOX 325  
City-St-Zip: VALRICO, FL 33595

Title: S (X) Change ( ) Addition  
Name: COHEN, DAVID RABBI  
Address: P.O. BOX 325  
City-St-Zip: VALRICO, FL 33595

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: RABBI MICHAEL AARON GAYON

CEO

04/05/2005

Electronic Signature of Signing Officer or Director

Date

Pursuant to phone conversation with Rabbi Michael Gayon, 11/18/05,  
the registered agent address was changed to a Florida street address.