2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90025 005 ****70.00

DOCUMENT # N04000004909

1. Entity Name
OHEL CHAI, INC.

Principal Place of Business	Mailing Address
C/O AALTJE 100 CAPE SABLE DR NAPLES, FL 34104	PO BOX 04-487 C/O B.R. BROOKLYN, NY 11204

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Sassc 814 Pine Island Rd SW	
Suite, Apt. #, etc. Unit #101	Suite, Apt. #, etc.
City & State Cape Coral, FL	City & State
Zip 33991 / Country	Zip / Country

01272008 Chg-NP CR2E037 (12/06)

4. FEI Number
77-0638751
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE REGSITERED AGENT, LLC 5147 CASTELLO DR NAPLES, FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUBIN, HYMAN 5208 19TH AVE. BROOKLYN, NY 11204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROTTENBERG, MALKA 4701 15TH AVE., #18 BROOKLYN, NY 11219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4701 15th Ave #1B	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GRINTAS, MOSHE 1850 53RD ST. BROOKLYN, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUBIN, JACOB 1500 OCEAN PARKWAY, SUITE 5-L BROOKLYN, NY 11230	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1454 Ocean Parkway Brooklyn, NY 11230	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 H. Rubin JAN. 27 08