## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004909

Entity Name: OHEL CHAI, INC.

FILED Mar 25, 2009 Secretary of State

| Entity Nar                                  | ne: OHEL CH   | 1AI, INC.  |   |  |                               |          |  |
|---|---|--|---|--|-------------------------------|----------|--|
| Current P                                   | rincipal Place  | of Business:   | New Princ                                   | New Principal Place of Business:                   |                               |          |  |
| C/O SASS                                    | O 814 PINE IS   | LAND   |   |  |                               |          |  |
| UNIT 101                                    | RAL, FL 3399 <sup>-</sup>                             | 1  |   |  |                               |          |  |
|   | ailing Addres   |  | New Maili                                   | ng Address:  |                               |          |  |
| Guirentin                                   | annig Addres  |  | Wew main                                    | ng Address.  |                               |          |  |
| PO BOX 04<br>C/O B.R.<br>BROOKLY            | 4-487<br>N, NY 11204                                  |  | PO BOX 04<br>BROOKLY                        | 1-0032<br>N, NY 11204                              | ŀ                             |          |  |
| FEI Number:                                 | 77-0638751  | FEI Number Applied For ( )                               | FEI Number Not Appl                         | icable ( )   | Certificate of Status Desired | i (X)    |  |
| Name and                                    | Address of C  | Current Registered Agent:                                | Name and                                    | Name and Address of New Registered Agent:          |                               |          |  |
| 5147 CAST<br>NAPLES, F                      | FELLO DR<br>FL 34103 U                                | RED AGENT, LLC<br>IS<br>submits this statement for the p | urpose of changing i                        | ts registered                                      | office or registered agent, o | or both, |  |
|   | of Florida.   | •  | , , ,                                       | Ŭ  | 0 0 ,                         | •        |  |
| SIGNATUR                                    | RE:   |  |   |  |                               |          |  |
|   | Electron  | ic Signature of Registered Age                           | ent   |  | Date                          |          |  |
| OFFICERS                                    | S AND DIREC   | TORS:  | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:       |                               |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P ( )<br>RUBIN, HYMAN<br>5208 19TH AVE<br>BROOKLYN, N | <b>I</b> .   | Title:<br>Name:<br>Address:<br>City-St-Zip: | (  | ) Change ( ) Addition         |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | S ( )<br>ROTTENBERG<br>4701 15TH AVE<br>BROOKLYN, N   | E #1B  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ROTTENBER  | PENUE SUITE 1                 |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | C ()<br>GRINTAS, MOS<br>1850 53RD ST.<br>BROOKLYN, N  |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | C (2<br>GRINTAS, MC<br>1860 53RD S'<br>BROOKLYN, I | Т.                            |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | T ()<br>RUBIN, JACOB<br>1454 OCEAN P<br>BROOKLYN, N   | ARKWAY   | Title:<br>Name:<br>Address:<br>City-St-Zip: | (  | ) Change ()Addition           |          |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HYMAN RUBIN PRES 03/25/2009