2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04000010455

1. Entity Name
AHAVAS YISROEL FUND INC.

Principal Place of Business	Mailing Address
1340 MICHIGAN AVENUE MIAMI BEACH, FL 33139 US	1340 MICHIGAN AVENUE MIAMI BEACH, FL 33139 US

DO NOT WRITE IN THIS SPACE

08172007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
20-2858599	Not Applicable

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

6. Name and Address of Current Registered Agent

GITTLESON, SHELDON
1100 N.E. 163RD STREET
401
MIAMI, FL 33162

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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_____

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

Filing Fee is $61.25
Due by September 14, 2007

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SHAPIRO, DAVID
STREET ADDRESS	2049 NORTH BAY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	V
NAME	TETELBAUM, ISAAC
STREET ADDRESS	1340 MICHIGAN AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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08/23/07-80004-009 61.25

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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: _____ Aug 17, 07   305 532 4160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #