2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

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Entity Name: OHEL IAACOV FOUNDATION, INC.

Current Principal Place of Business:

4571 ALTON RD
MIAMI BCH, FL 33140

New Principal Place of Business:

4141 NAUTILUS DR
5A
MIAMI BCH, FL 33140

Current Mailing Address:

4571 ALTON RD
MIAMI BCH, FL 33140

New Mailing Address:

4141 NAUTILUS DR
5A
MIAMI BCH, FL 33140

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHANIE, DIEGO R
4571 ALTON RD
MIAMI BCH, FL 33140 US

Name and Address of New Registered Agent:

SETTON, AARON
4141 NAUTILUS DR
APT 5A
MIAMI BCH, FL 33140 US

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: AARON SETTON 01/11/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: MICHANIE, DIEGO R
Address: 4571 ALTON RD
City-St-Zip: MIAMI BCH, FL 33140

Title: DV ( ) Delete
Name: GALAMIDI, IOSEF RABBI
Address: 4571 ALTON RD
City-St-Zip: MIAMI BCH, FL 33140

Title: DT (X) Delete
Name: UMANSKY, PABLO
Address: 4571 ALTON RD
City-St-Zip: MIAMI BCH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SETTON, AARON R
Address: 4141 NAUTILUS DR
City-St-Zip: MIAMI BCH, FL 33140

Title: VP (X) Change ( ) Addition
Name: ALFIE, ANABELLA
Address: 9499 COLLINS AVE. APT 202
City-St-Zip: MIAMI BCH, FL 33140

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: AARON SETTON P 01/11/2008
Electronic Signature of Signing Officer or Director Date