2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010062

FILED Mar 01, 2006 Secretary of State

Entity Name: INVICTA CARE FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3069 TAFT STREET HOLLYWOOD, FL 33021 **Current Mailing Address: New Mailing Address:** 3069 TAFT STREET HOLLYWOOD, FL 33021 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FELDMAN, PAUL 3069 TAFT STREET HOLLYWOOD, FL 33021 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PSD () Change () Addition () Delete LALO, EYAL Name: Name: Address: 3069 TAFT STREET Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: LALO, KAREN Name: Address: 3069 TAFT STREET Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: (X) Change () Addition LALO, GANY Name: COHEN, GANY Name: 3069 TAFT STREET Address: Address: 3069 TAFT STREET City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the 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: EYAL LALO PSD 03/01/2006