2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N06000007157

Entity Name: HABER DIABETIC FOUNDATION INC.

Current Principal Place of Business:

14352 BISCAYNE BLVD
NORTH MIAMI BEACH, FL 33181

New Principal Place of Business:

2096 ALAMANDA DR
NORTH MIAMI, FL 33181

Current Mailing Address:

14352 BISCAYNE BLVD
NORTH MIAMI BEACH, FL 33181

New Mailing Address:

2096 ALAMANDA DR
NORTH MIAMI, FL 33181

FEI Number: 20-5161290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

A.R.S. & ASSOCIATES INC.
20810 W DIXIE HWY
NORTH MIAMI BEACH, FL 33180 US

Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete
Name: HABER, JOSEPH
Address: 14352 BISCAYNE BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: DV ( ) Delete
Name: HABER, MAXINE
Address: 14352 BISCAYNE BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HABER, JOSEPH
Address: 2096 ALAMANDA DR
City-St-Zip: NORTH MIAMI, FL 33181

Title: DV (X) Change ( ) Addition
Name: HABER, MAXINE
Address: 2096 ALAMANDA DR
City-St-Zip: NORTH MIAMI, FL 33181

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: JOE HABER DP 05/01/2009

Electronic Signature of Signing Officer or Director — Date