

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002169

Entity Name: 8100 BAIS CHAYA, INC.

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

8100 UNIVERSITY DRIVE
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8100 UNIVERSITY DRIVE
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-8582280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KODSI LAW FIRM, P.A.
701 WEST CYPRESS CREEK
SUITE 303
FORT LAUDERDALE, FL 33309 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: PTD () Delete
Name: RABIN, MOSHE
Address: 2898 NW 95TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD () Delete
Name: KODSI, ISAAC
Address: 701 WEST CYPRESS CREEK #303
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: GOTTFRIED, PAUL D
Address: 701 WEST CYPRESS CREEK #303
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: RABIN, CHANA
Address: 2898 NW 95 AVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MOSHE RABIN

MR.

01/29/2009

Electronic Signature of Signing Officer or Director

Date