2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012325

Entity Name: COMUNIDAD NIDHE ISRAEL, INC.

FILED Juņ 15, 2<u>00</u>9 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16750 NE10THAVENUE

#207

NORTH MIAMI BEACH, FL 33162

NORTH MIAMI BEACH, FL 33162

New Mailing Address: Current Mailing Address:

16750 NE 10TH AVENUE PO BOX 600945

#207 NORTH MIAMI BEACH, FL 33160

FEI Number: 26-1941184

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: Name and Address of New Registered Agent:

LOPEZ, ARIELA LOPEZ, ARIELA 8752 NW 106TH TERR 16701 NE 14TH AVENUE

HIALEAH, FL 33018

NORTH MIAMI BEACH, FL 33162 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: ARIELA LOPEZ 06/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DIRE (X) Change () Addition () Delete

LOPEZ, ARIELA Name: LOPEZ, ARIELA Name:

16701 NE 14TH AVENUE #112 Address: 8752 NW 106TH TERR Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: HIALEAH, FL 33160

Title: DIRE () Delete Title: (X) Change () Addition

Name: LOPEZ, DAVID Name: LOPEZ, DAVID Address: 16701 NE 14 AVE #112 Address: 8752 NW 106TH TERR City-St-Zip: NORTH MIAMI BEACH, FL 33162 US City-St-Zip: HIALEAH, FL 33160 US

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: ARIELA LOPEZ DIR 06/15/2009