

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006306

FILED  
Feb 20, 2012  
Secretary of State

**Entity Name:** APLASTIC ANEMIA AND OMID'S MISSION FOUNDATION, INC.

**Current Principal Place of Business:**

13207 LA SABINA DRIVE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

13207 LA SABINA DRIVE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:** 27-2963695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: MS.  
Name: YOUSEFI, VICTORIA  
Address: 13207 LA SABINA DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MR.  
Name: MITNICK, CARY  
Address: 13207 LA SABINA DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MS.  
Name: GHATAN, AZITA  
Address: 200 EAST 69TH STREET, SUITE 10C  
City-St-Zip: NEW YORK, NY 10021

Title: MR.  
Name: ASHBI, ABRAHAM  
Address: 13207 LA SABINA DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MR.  
Name: GHATAN, SAMUEL  
Address: 200 EAST 69TH STREET  
City-St-Zip: NEW YORK, NY 10021

Title: MR.  
Name: LARRY, MOSKOWITZ  
Address: 7290 KING HURST DRIVE SUITE 102  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA YOUSEFI

MS.

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date