

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30948

**FILED**  
**Jun 22, 2011**  
**Secretary of State**

**Entity Name:** KOL MASHIACH, INC.

**Current Principal Place of Business:**

1621 LAKE WASHINGTON ROAD  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 360252  
C/O RABBI ALAN M. LEVINE  
MELBOURNE, FL 32936 US

**New Mailing Address:**

**FEI Number:** 59-2962706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVINE, ALAN M RABBI  
1621 LAKE WASHINGTON ROAD  
MELBOURNE, FL 32935 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:** D  
**Name:** LEVINE, ALAN M.  
**Address:** 2420 WILDWOOD DR.  
**City-St-Zip:** MELBOURNE, FL

**Title:** D  
**Name:** LEVINE, DIANA  
**Address:** 2420 WILDWOOD DR.  
**City-St-Zip:** MELBOURNE, FL

**Title:** D  
**Name:** REEVES, PAUL  
**Address:** PO BOX 700796  
**City-St-Zip:** WABASSO, FL 32970

**Title:** D  
**Name:** DIBELLA, ROBERT  
**Address:** 1499 SOUTHPONTE CT.  
**City-St-Zip:** MELBOURNE, FL 32940

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:** ALAN M LEVINE

D

06/22/2011

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

\_\_\_\_\_  
Date