

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000000921	
1. Entity Name THE AMI-DA INSTITUTE, INC.	
Principal Place of Business 1803 N. FLAGLER DRIVE 303 WEST PALM BEACH, FL 33407	Mailing Address 1803 N. FLAGLER DRIVE 303 WEST PALM BEACH, FL 33407



01312008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0390501	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FELDMAN, LEONID RABBI
 1803 N. FLAGLER DRIVE
 303
 WEST PALM BEACH, FL 33407

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE: 02/19/08 00000001312 02/19/08-80018-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISHBEIN, STEVE 801 LARCH LN SACRAMENTO, CA 95864
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TELUSHKIN, JOSEPH 900 WEST END AVE NEW YORK, NY 10025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FELDMAN, LEONID 1803 N. FLAGLER DRIVE #303 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leonid Feldman **LEONID FELDMAN** 2/5/2008 561-655-2743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #