2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 SEP 13 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000378

1. Entity Name
HERITAGE FOR THE BLIND, INC.

Principal Place of Business	Mailing Address
2882 NOSTRAND AVE BROOKLYN, NY 11229 US	2882 NOSTRAND AVE BROOKLYN, NY 11229 US

07192005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-2164446 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZEMEL, MORTON B Esq., Zemel Law Firm, P.A.
4700 B SHERIDAN ST 7361 W. Palmetto Park Rd. Suite 305C
HOLLYWOOD, FL 33021 Boca Rato, FL 33433

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ 9/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRESSER, ABRAM 1675 EAST 21ST #2-A BROOKLYN, NY 11210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Desser, Abraham 1675 East 21st St., #2-A Brooklyn N.Y. 11210	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANKER, BERNARD 1542 41ST STREET BROOKLYN, NY 11218	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Israel Bilus 920 East 17th St. Brooklyn, N.Y. 11230	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSES, RIVOLI 1668 W 6TH STREET BROOKLYN, NY 11223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Vladimir Shvartsman 2020 Ave. O, Apt. F4 Brooklyn, N.Y. 11210	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOIV, STEVEN 3422 AVE L BROOKLYN, NY 11223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900059739219 09/19/05--01039--005 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Abraham Desser Abraham Desser, Secretary 1800-236-6283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #