


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # N95000002712 1. Entity Name THE KABBALAH CENTRE OF FLORIDA, INC.	
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Principal Place of Business 8411 PALMETTO PARK RD. BOCA RATON FL 33433	Mailing Address 8411 PALMETTO PARK RD. BOCA RATON FL 33433
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2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

1st MOORE CR2E037 (10/06)

Zip	Country	Zip	Country	4. FEI Number 65-0638140	Applied For
				<input type="checkbox"/>	Not Applicable

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 THE KABBALAH CENTER 8411 W.PALMETTO PARK RD. BOCA RATON FL 33433	7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000692027 04/13/07-80035-008 61.25			
NAME	HARDOON, ABRAHAM	NAME					
STREET ADDRESS	8411 WEST PALMETTO PARK RD	STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SARFATI, SHIMON	NAME					
STREET ADDRESS	8411 WEST PALMETTO PK RD	STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SARFATI, DORIT RACHEL	NAME					
STREET ADDRESS	8411 WEST PALMETTO PARK RD	STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HARDOON, NITZA SARAH	NAME					
STREET ADDRESS	8411 WEST PALMETTO PARK RD	STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dorit Rachel Sarfati - Officer* Dorit Rachel Sarfati 561-488-8826