


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005658</b> 1. Entity Name YOVEL, INC.	
---	---

Principal Place of Business 8360 WEST OAKLAND PARK BOULEVARD SUITE 201 SUNRISE, FL 33351	Mailing Address 8360 WEST OAKLAND PARK BOULEVARD SUITE 201 SUNRISE, FL 33351
---	---

**DO NOT WRITE IN THIS SPACE**



02142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0866697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KADOCH, DAVID 8360 WEST OAKLAND PARK BOULEVARD SUITE 201 SUNRISE, FL 33351	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARAF, YOEL 8360 WEST OAKLAND PARK BOULEVARD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHASHUA, CARMEL 8360 WEST OAKLAND PARK BOULEVARD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELKAYAM, RAFAEL 8360 WEST OAKLAND PARK BOULEVARD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P KADOCH, DAVID 8360 WEST OAKLAND PARK BOULEVARD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLAN, AMNON 8360 WEST OAKLAND PARK BOULEVARD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P ZOHAR, ZION DR. 8360 WEST OAKLAND PARK BOULEVARD SUNRISE, FL 33351

1100000232916  
02/17/05-80023-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David Kadoch* 2/14/05 9547492030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #