2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005658

1. Entity Name
YOVEL, INC.

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

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0866697
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KADOCH, DAVID
8360 WEST OAKLAND PARK BOULEVARD
SUITE 201
SUNRISE, FL 33351

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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 _____
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 May 1, 2006

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

000000478286
04/07/06-80024-024 61.25

10. OFFICERS AND DIRECTORS

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

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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: David Kadoch 3/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #