


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006989 1. Entity Name RACHEL-ITA OHR SHABBAT, INC.		
Principal Place of Business 22161 LARKSPUR TRAIL BOCA RATON, FL 33433	Mailing Address 22161 LARKSPUR TRAIL BOCA RATON, FL 33433	
DO NOT WRITE IN THIS SPACE		



01282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0881588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAMINETZKY, GLORIA K 22161 LARKSPUR TRAIL BOCA RATON, FL 33433	DO NOT WRITE IN THIS SPACE
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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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZEMEL, JUDITH M 22200 LARKSPUR TRAIL BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMINETZKY, GLORIA L 22161 LARKSPUR TRAIL BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAMINETZKY, JERRY 22161 LARKSPUR TRAIL BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAND, FRANCES 7674 CYPRESS CRESCENT BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAND, CHANNON 7674 CYPRESS CRESCENT BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/07-80074-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Channon Band Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 561-367-1154
Date Daytime Phone #

CHANNON BAND