2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000418

Entity Name: AHAVAS CHESED, INC.

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4541 N. PINE ISLAND RD. 4720 N.W. 65TH AVE. SUNRISE, FL 33351 LAUDERHILL, FL 33319

Current Mailing Address: New Mailing Address:

4541 N. PINE ISLAND RD. 4720 N.W. 65TH AVE. SUNRISE, FL 33351 LAUDERHILL, FL 33319

FEI Number: 65-0894403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHECTER, SAMUEL
6730 SIENNA CLUB DR.
LAUDERHILL, FL 33319 US
SCHECTER, SAMUEL
4720 N.W. 65TH AVE
LAUDERHILL, FL 33319 US

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.

SIGNATURE: 04/15/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 SCHECTER, SAMUEL
 Name:
 SCHECTER, SAMUEL

 Address:
 6730 SIENNA CLUB DR.
 Address:
 4720 N.W. 65TH AVE

 City-St-Zip:
 LAUDERHILL, FL 33319
 City-St-Zip:
 LAUDERHILL, FL 33319

Title: T () Delete Title: () Change () Addition

 Name:
 FRIEDMAN, BEN
 Name:

 Address:
 1161 NE 175TH ST
 Address:

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162
 City-St-Zip:

 Name:
 SCHECTER, ADINA
 Name:
 SCHECTER, ADINA

 Address:
 6730 SIENNA CLUB DR.
 Address:
 4720 N.W. 65TH AVE

 City-St-Zip:
 LAUDERHILL, FL 33319
 City-St-Zip:
 LAUDERHILL, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL SCHECHTER PRES 04/15/2005