2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2008 8:00 am Secretary of State DOCUMENT # N9900001955 1. Entity Name 04-23-2008 90035 050 ****61.25 HEBREW EDUCATORS ALLIANCE, INC. Principal Place of Business Mailing Address 2040 ALTION RD 2040 ALTION RD MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHAPIRO, MRS. TIRTZA Street Address (P.O. Box Number is Not Acceptable) 2040 ALTON ROAD MIAMI BEACH FL 33140 Zip Code 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 SIĞNATURE (NOTE: Benistered Agent stressure year unit when reinstance) e of registered agent and blood papicat FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State Manighta Abride told OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change | Addition SCHAPIRO, TIRTZA NAME 2040 ALTON RD STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GREENBERG, ELLA NAME 10925 SW 113 PL #B STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ncitibbA | NAME SZNOL, SARA NAVIE STREET ADDRESS 19832 NE 1 AVE STREET ADDRESS N MIAMI BEACH FL 33179 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 10706 ☐ Change ncitibbA [7] NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Dalete 1873 6 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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:

FILED