

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002562

FILED
Jul 25, 2007
Secretary of State

Entity Name: CENTER FOR RUSSIAN-AMERICAN BEHAVIORAL STUDIES INC.

Current Principal Place of Business:

1635 NE 4TH PLACE, STE 4
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

417 N.E. 17TH AVENUE- APT 2
FT. LAUDERDALE, FL 33301

Current Mailing Address:

1635 NE 4TH PLACE, STE 4
FT. LAUDERDALE, FL 33301

New Mailing Address:

417 N.E. 17TH AVENUE- APT. 2
FT. LAUDERDALE, FL 33301

FEI Number: 65-0905762 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OPTEKAR, DAVID
1635 NE 4TH PLACE, STE 4
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

OPTEKAR, DAVID
417 N.E. 17TH AVE- APT. 2
FT. LAUDERDALE, FL 33301 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: _____

07/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: OPTEKAR, DAVID
Address: 1685 NE 4TH PLACE - STE 4
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: COTE, DIANE
Address: 4715 MAINLAND DR
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: ZINOVIEVA, NATALIA PHD.
Address: U1. VOSKOVA, 22-10
City-St-Zip: ST PETERSBURG RUSSIA, 197101

Title: D () Delete
Name: SHABALINA, VALENTINA
Address: PETERSBURGSKOYE SHOSSE, 13/1-230
City-St-Zip: ST. PETERSBURG, PUSHKIN,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPC (X) Change () Addition
Name: OPTEKAR, DAVID
Address: 417 N.E. 17TH AVE- APT 2
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D (X) Change () Addition
Name: COTE, DIANE
Address: 4715 MAITLAND DR
City-St-Zip: TAMARAC, FL 33319

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID OPTEKAR

PRES

07/25/2007

Electronic Signature of Signing Officer or Director

Date