

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000062198

Entity Name: AHAVA ONLINE, INC.

**FILED**  
**Jul 17, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

5050 TOWN CENTER CIRCLE  
SUITE 230  
BOCA RATON, FL 33486 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

5050 TOWN CENTER CIRCLE  
SUITE 230  
BOCA RATON, FL 33486 US

## **New Mailing Address:**

FEI Number: 65-1037201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LEVITT, WILLIAM J  
11701 LAKE VICTORIA GARDENS AVENUE  
#1103  
PALM BEACH GARDENS, FL 33410 US

## **Name and Address of New Registered Agent:**

LEVITT, WILLIAM J  
5050 TOWN CENTER CIRCLE  
#230  
BOCA RATON, FL 33486 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: WILLIAM J. LEVITT

07/17/2007

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: BRENNER, RONNIE  
Address: 11701 LAKE VICTORIA GARDENS AVENUE, #1103  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D ( ) Delete  
Name: LEVITT, WILLIAM J  
Address: 11701 LAKE VICTORIA GARDENS AVENUE, #1103  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: DP (X) Delete  
Name: LEVITT, GARY S  
Address: 11701 LAKE VICTORIA GARDENS AVENUE, #1103  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DST (X) Change ( ) Addition  
Name: LEVITT, WILLIAM J  
Address: 5050 TOWN CENTER CIRCLE, #1103  
City-St-Zip: BOCA RATON, FL 33486 US

Title: D (X) Change ( ) Addition  
Name: LEVITT, GERSHON S  
Address: 5050 TOWN CENTER CIRCLE #230  
City-St-Zip: BOCA RATON, FL 33486 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. LEVITT

DST

07/17/2007

Electronic Signature of Signing Officer or Director

Date