

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90002 050 ***550.00

| | | | | | |
|--|--------------------------------------|---|---|--|--|
| DOCUMENT # P96000074700 1. Entity Name C.H. OF ISRAEL, INC. | | | | | |
| Principal Place of Business 2930 BISCAYNE BLVD. MIAMI, FL 33137 | | | Mailing Address 2930 BISCAYNE BLVD. MIAMI, FL 33137 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0696674 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CHRISTENBURY, SHARON 2930 BISCAYNE BLVD MIAMI, FL 33137 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | CHD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KAHN, SONNY | | NAME | | |
| STREET ADDRESS | 2930 BISCAYNE BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33137 | | CITY-ST-ZIP | | |
| TITLE | PD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GALBUT, RUSSELL W | | NAME | | |
| STREET ADDRESS | 2930 BISCAYNE BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33137 | | CITY-ST-ZIP | | |
| TITLE | SVPD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MENIN, BRUCE A | | NAME | | |
| STREET ADDRESS | 2930 BISCAYNE BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33137 | | CITY-ST-ZIP | | |
| TITLE | T <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ZDON, JOSEPH | | NAME | | |
| STREET ADDRESS | 2930 BISCAYNE BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33137 | | CITY-ST-ZIP | | |
| TITLE | S <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DACHOH, SHLOMO | | NAME | | |
| STREET ADDRESS | 2930 BISCAYNE BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33137 | | CITY-ST-ZIP | | |
| TITLE | VP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHRISTENBURY, SHARON | | NAME | | |
| STREET ADDRESS | 2930 BISCAYNE BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33137 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Sharon Christenbury, Vice President 08/02/05 (305) 374-5700 | | |

50062001



07142005 Chg-P CR2E034 (10/03)