

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90067 044 \*\*\*150.00

**DOCUMENT # P96000085156**  
 1. Entity Name  
 CHAI DEVELOPERS, INC.



Principal Place of Business: 101 S. STATE RD 7, SUITE 201, HOLLYWOOD, FL 33023-6736 US  
 Mailing Address: 101 S. STATE RD 7, SUITE 201, HOLLYWOOD, FL 33023-6736 US

40104207



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04232007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number: 65-0708519  
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BEN-SHMUEL, IZAC  
 101 S. STATE RD 7  
 SUITE 2  
 HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete	NAME: BEN-SHMUEL, ELIAHU
STREET ADDRESS: 101 S STATE RD 7 STE 201	CITY-ST-ZIP: HOLLYWOOD, FL 33023
TITLE: D <input type="checkbox"/> Delete	NAME: BEN-SHMUEL, LIOR
STREET ADDRESS: 101 S STATE RD 7 STE 201	CITY-ST-ZIP: HOLLYWOOD, FL 33023
TITLE: D <input type="checkbox"/> Delete	NAME: BEN-SHMUEL, IZAC
STREET ADDRESS: 101 S STATE RD 7 STE 201	CITY-ST-ZIP: HOLLYWOOD, FL 33023
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/30/07 Daytime Phone #: 954-985-3807

SHLOMI BEN-SHMUEL