


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90025 005 ****70.00

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1. Entity Name
OHEL CHAI, INC.



Principal Place of Business
**C/O AALTJE 100 CAPE SABLE DR
 NAPLES, FL 34104**

Mailing Address
**PO BOX 04-487
 C/O B.R.
 BROOKLYN, NY 11204**



2. Principal Place of Business - No P.O. Box #
90 SASSO 814 Pine Island Rd SW

Suite, Apt. #, etc.
Unit # 101

City & State
Cape Coral FL

Zip
33991

Country

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

City & State

Zip

Country

01272008 Chg-NP CR2E037 (12/06)

4. FEI Number
77-0638751

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATE REGISTERED AGENT, LLC
 5147 CASTELLO DR
 NAPLES, FL 34103**

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 _____

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RUBIN, HYMAN	5208 19TH AVE.	BROOKLYN, NY 11204	<input type="checkbox"/>
S	ROTTENBERG, MALKA	4701 15TH AVE., #18	BROOKLYN, NY 11219	<input type="checkbox"/>
C	GRINTAS, MOSHE	1850 53RD ST.	BROOKLYN, NY	<input type="checkbox"/>
T	RUBIN, JACOB	1500 OCEAN PARKWAY, SUITE 5-L	BROOKLYN, NY 11230	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4701 15 th Ave	<u># 1B</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1454 Ocean Parkway	Brooklyn, NY 11230	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 *H. Rubin JAN. 27.08*