

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2012  
Secretary of State**

DOCUMENT# N06000007157

**Entity Name:** HABER DIABETIC FOUNDATION INC.

**Current Principal Place of Business:**

2096 ALAMANDA DR  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

2096 ALAMANDA DR  
NORTH MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 20-5161290      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

A.R.S. & ASSOCIATES INC.  
20810 W DIXIE HWY  
NORTH MIAMI BEACH, FL 33180      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HABER, JOSEPH  
Address: 2096 ALAMANDA DR  
City-St-Zip: NORTH MIAMI, FL 33181

Title: DV  
Name: HABER, MAXINE  
Address: 2096 ALAMANDA DR  
City-St-Zip: NORTH MIAMI, FL 33181

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH HABER

DP

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date