


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90081 002 ****61.25

DOCUMENT # 701094					
1. Entity Name MESIFTA OF GREATER MIAMI-LOUIS MERWITZER HIGH SCHOOL, INC.					
Principal Place of Business 1965 ALTON RD MIAMI BCH, FL 33139			Mailing Address 1965 ALTON RD MIAMI BCH, FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BLATT, ARON 2300 ALTON MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name <u>Adam Siegel</u> Street Address (P.O. Box Number is Not Acceptable) <u>1965 Alton Road</u> City <u>Miami Beach</u> FL Zip Code <u>33139</u>	
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 <u>Adam Siegel</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEIT, MELVIN		NAME		
STREET ADDRESS	1604 BAY RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH, FL 33139		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMON, RABBI MILTON		NAME		
STREET ADDRESS	2850 PRAIRIE AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH, FL 33140		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALBUT, ABRAHAM A		NAME		
STREET ADDRESS	999 WASHINGTON AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULGASSER, ELCHANAN		NAME	<u>SAME NAME</u>	
STREET ADDRESS	1975 AHON RD. APT 3		STREET ADDRESS	<u>1975 Alton Rd #3</u>	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	<u>Miami Beach, FL 33139</u>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <u>Adam Siegel</u>			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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4. FEI Number 59-6045452 Applied For Not Applicable

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