2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # 701094

1. Entity Name
MESIFTA OF GREATER MIAMI-LOUIS MERWITZER HIGH SCHOOL, INC.

Principal Place of Business	Mailing Address
1965 ALTON RD MIAMI BCH, FL 33139	1965 ALTON RD MIAMI BCH, FL 33139

DO NOT WRITE IN THIS SPACE

03022007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-6045452
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGEL, ADAM
1965 ALTON ROAD
MIAMI BEACH, FL 33139

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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 _____
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 May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FEIT, MELVIN
STREET ADDRESS	1604 BAY RD
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	STD
NAME	SIMON, RABBI MILTON
STREET ADDRESS	2850 PRAIRIE AVE
CITY-ST-ZIP	MIAMI BCH, FL 33140
TITLE	PD
NAME	GALBUT, ABRAHAM A
STREET ADDRESS	999 WASHINGTON AVE
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D
NAME	SIEGEL, ADAM
STREET ADDRESS	7902 CARLYLE AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/07-80012-019 70.00

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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: _____ 04/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #