


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 702652</b>	
1. Entity Name <b>JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA, INC.</b>	

Principal Place of Business <b>735 NE 125TH STREET NORTH MIAMI, FL 33161 US</b>	Mailing Address <b>735 NE 125TH STREET NORTH MIAMI, FL 33161 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-0637867</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SALTMAN, DAVID B 735 NE 125TH STREET NORTH MIAMI, FL 33161</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$61.25  
Due by May 1, 2004**

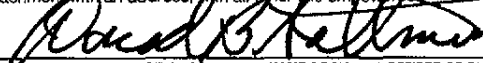
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SLAVIN, RICHARD K 3000 ISLAND BLVD TR3 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MERLIN, ROBERT 5810 MAGGIORE STREET CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ALTMAN, STUART 3802 NE 207TH STREET AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRETENSTEIN, STEVEN 436 BARGELLO AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINEVSKY, RICHARD 2735 HACKENEY ROAD WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPILL, JOY 4200 ROYAL PALM AVENUE MIAMI, FL 33140

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01/16/04-80052-005 70.00

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 persons empowered.

SIGNATURE: 	Date: <b>1/6/04</b>	Daytime Phone #: <b>305-899-1587</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>