

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2007
Secretary of State**

DOCUMENT# 703555

Entity Name: CUBAN-HEBREW CONGREGATION OF MIAMI, INC.

Current Principal Place of Business:

1700 MICHIGAN AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1700 MICHIGAN AVE.
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-6166265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STABINSKI, LUIS
757 N.W. 27TH AVENUE
MIAMI, FL 33125 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: PD () Delete
Name: NICK, FABIO
Address: 1700 MICHIGAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: EVPD () Delete
Name: STABINSKI, LUIS
Address: 1700 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: FRIEDMAN, HARVEY D
Address: 1700 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD () Delete
Name: COHEN, K. REBEKA
Address: 1700 MICHIGAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: MARCOS, KERBEL
Address: 1700 MICHIGAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOLD, SALOMON
Address: 1700 MICHIGAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: EVPD (X) Change () Addition
Name: KERBEL, MARCOS
Address: 1700 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD (X) Change () Addition
Name: GORFINKEL, RAUL
Address: 1700 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BENHAIN, TERESA
Address: 1700 MICHIGAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SALOMON GOLD

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date