


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90031 017 \*\*\*\*61.25

**DOCUMENT # 715259**  
 1. Entity Name  
**SEPHARDIC CONGREGATION OF FLORIDA, INC.**




Principal Place of Business      Mailing Address  
**1200 NORMANDY DR.**      **1200 NORMANDY DR.**  
**MIAMI BEACH FL 33141**      **MIAMI BEACH FL 33141**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**23-7004362**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MITRANI, ISSAAC J**  
**MITRANI, RYNOR, ADAMSKEY & MACAULAY**  
**2200SUNTRUST INTLCENTER SE 3RD AVE**  
**MIAMI FL 33131**

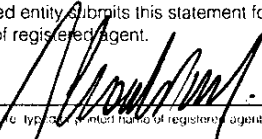
**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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  DATE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	VS	<input type="checkbox"/> Delete
NAME	RAFAEL, MAYA	
STREET ADDRESS	3640 YACHT CLUB DR #807	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	EGOZI, MOISES	
STREET ADDRESS	10101 COLLINS AVE PH1A	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OJALVO, JOSE	
STREET ADDRESS	9559 COLLINS AVE., APT 1002	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAGARI, ISAAC	
STREET ADDRESS	1065 98TH ST APT #4	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEVY, SALOMON	
STREET ADDRESS	1202 S. BISCAYNE PT. RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	BEHAR, ROBERT E	
STREET ADDRESS	4042 ISLAND STATE DR.	
CITY-ST-ZIP	AVENTURA FL 33169	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce Libhaberr	
STREET ADDRESS	1231 97th Street	
CITY-ST-ZIP	Bay Harbor, Fl. 33154	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Didier Choukroun	
STREET ADDRESS	21 La Gorce Circle	
CITY-ST-ZIP	Miami Beach, Fl 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Behar	
STREET ADDRESS	19111 Collins Ave #1502	
CITY-ST-ZIP	Sunny Isles, Fl. 33160	
TITLE	1VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rick Behar	
STREET ADDRESS	12705 Cyprus Rd	
CITY-ST-ZIP	N. Miami, Fl. 33181	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **3-22-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #