

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715259

FILED
Jan 07, 2008
Secretary of State

Entity Name: SEPHARDIC CONGREGATION OF FLORIDA, INC.

Current Principal Place of Business:

1200 NORMANDY DR.
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

1200 NORMANDY DR.
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 23-7004362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITRANI, ISSAAC J
MITRANI, RYNOR, ADAMSKEY & MACAULAY
2200SUNTRUST INTLCENTER SE 3RD AVE
MIAMI, FL 33131 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: VS () Delete
Name: RAFAEL, MAYA
Address: 3640 YACHT CLUB DR #807
City-St-Zip: MIAMI, FL 33180

Title: DV () Delete
Name: LIBHABERR, BRUCE
Address: 1231 97TH ST
City-St-Zip: MIAMI BEACH, FL 33154

Title: PD () Delete
Name: CHOUKROUN, DIDIER
Address: 21 LA GORCE CIR
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: LAGARI, ISAAC
Address: 1065 98TH ST APT #4
City-St-Zip: MIAMI, FL 33154

Title: TD () Delete
Name: BEHAR, JOSEPH
Address: 19111 COLLINS AVE 1502
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: 1VP () Delete
Name: BEHAR, RICK
Address: 12705 CYPRUS RD
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DIDIER CHOUKROUN

Electronic Signature of Signing Officer or Director

PRES

01/07/2008

_____ Date