

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769333

FILED
Jan 10, 2005
Secretary of State

Entity Name: BETH JACOB HIGH SCHOOL, INC.

Current Principal Place of Business:

1110 N.E. 163 ST.
N. MIAMI BCH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

1110 N.E. 163 ST.
N MIAMI BCH, FL 33162 US

New Mailing Address:

FEI Number: 59-2335606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOSTCHIN, GUILLERMO
1415- 20TH ST #402
MIAMI BEACH, FL 33140 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: VTD () Delete
Name: SOSTCHIN, HENRIETTA
Address: 1415- 20TH ST #402
City-St-Zip: MIAMI BEACH, FL 33139

Title: CPD () Delete
Name: SOSTCHIN, GUILLERMO
Address: 1415- 20TH ST #402
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: LAMPERT, ARI
Address: 4465 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: LEIZERSON, EPHRAIM,
Address: 670 NE 176 ST
City-St-Zip: N MIAMI BEACH, FL

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HENRIETTA SOSTCHIN

VTD

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date