


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90002 018 ****62.50

DOCUMENT # 769333

1. Entity Name
 BETH JACOB HIGH SCHOOL, INC.



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2335606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOSTCHIN, HENRIETTA
 640 NE 176 ST
 MIAMI, FL 33162

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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)

Filing Fee is \$61.25
Due by September 14, 2007


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

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	SOSTCHIN, HENRIETTA
STREET ADDRESS	640 NE 176TH ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	D
NAME	LEIZERSON, EPHRAIM
STREET ADDRESS	670 NE 176 ST
CITY-ST-ZIP	N MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Director** 7-2-07 305 957-1670

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