


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90334 014 ****61.25

DOCUMENT # N00000007815

1. Entity Name
JEWISHLY SPEAKING, INC.



Principal Place of Business
**4020 SHERIDAN ST STE C
 HOLLYWOOD, FL 33021**

Mailing Address
**4020 SHERIDAN ST STE C
 HOLLYWOOD, FL 33021**

14001487

2. Principal Place of Business
9500 NW 44th PL.

3. Mailing Address
9500 NW 44th PL

Suite, Apt. #, etc.



04092004 Chg-NP CR2E037 (10/03)

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS FL

Zip
33065

Country
USA

4. FEI Number
65-1095736

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TOPPING, DAVID T
 4020 SHERIDAN ST STE C
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

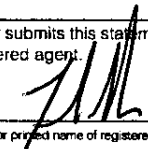
Name
FRANKLYN GOBER

Street Address (P.O. Box Number is Not Acceptable)
9500 NW 44th PLACE

City
CORAL SPRINGS, FL

Zip Code
FL 33065

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 **4/7/04**

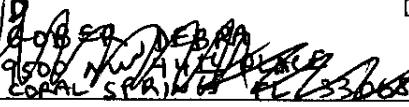
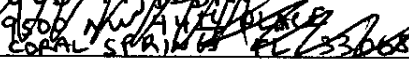

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2004

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	NAME	STREET ADDRESS	CITY-ST-ZIP	PD	Delete
	TOPPING, DAVID	4820 SHERIDAN ST	HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ROSENBERG, HAL	3631 OTTAWA LANE	COOPER CITY, FL 33026	<input type="checkbox"/>	<input type="checkbox"/>
	GOBER, FRANKLYN	9500 NW 44 PLACE	CORAL SPRINGS, FL 33065	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	TOPPING, DAVID	4020 SHERIDAN ST.	HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
PD	FRANKLYN GOBER	9500 NW 44 th PLACE	CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	DEBRA GOBER	9500 NW 44 th PL	CORAL SPRINGS FL 33065	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **4/7/04** DAYTIME PHONE # **954-494-9876**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR