2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011334

Entity Name: AHAVAS TORAH CONGREGATION INC.

FILED Apr 07, 2008 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1688 MER	AEL I. BERNS IDIAN AVE, S ACH, FL 3313	UITE 418				
Current Mailing Address:			New Maili	New Mailing Address:		
1688 MER	AEL I. BERNS IDIAN AVE, S ACH, FL 3313	UITE 418				
FEI Number	: 20-5842025	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
1688 MER SUITE 418	EIN, MICHAEL IDIAN AVENU B ACH, FL 3313	JE				
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,		
SIGNATU	RE:					
Electronic Signature of Registered Agent			ent	Date		
OFFICER	S AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D (SABO, NICHO 4101 PINETRE MIAMI BEACH	EE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (SEGELMAN, S 4495 POST AV MIAMI BEACH	/ENUE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SEGELMAN, SHIMON 3725 PINETREE DRIVE MIAMI BEACH, FL 33140		
Title: Name: Address: City-St-Zip:	D (SHAWEL, AKI' 4101 PINETRE MIAMI BEACH	EE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (MORDECHAI, 481 NE 189TH MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MORDICHAI, SPERO 481 NE 189TH STREET MIAMI, FL 33179		
Title: Name: Address: City-St-Zip:	D (NEUHAUS, HE 3160 SHERID, MIAMI BEACH	AN AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition LAPCIUC, YAIR 4210 NAUTILUS DRIVE MIAMI BEACH, FL 33140		

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: NICHOLAS J SABO DDS D 04/07/2008