


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

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|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N37338 1. Entity Name JEWISH LEADERSHIP INSTITUTE, INC. |  |
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| Principal Place of Business 1701 WASHINGTON AVENUE SUITE 100 MIAMI BEACH, FL 33139 US | Mailing Address 1701 WASHINGTON AVENUE SUITE 100 MIAMI BEACH, FL 33139 US |
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07072004 No Chg-NP CR2E037 (10/03)

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| 4. FCI Number 65-0180927 | Assessed For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ABRUMOWITZ, DAVID
 61701 WASHINGTON AVENUE
 SUITE 100
 MIAMI BEACH, FL 33139

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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: _____

| | | |
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| Filing Fee is \$61.25 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY ST ZIP | PD ABRAMOWITZ, MAYER 1330 CLEVELAND RD MIAMI BEACH, FL |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D OPPENHEIMER, DAHLIA 4645 N. BAY RD MIAMI BEACH, FL |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D SEGAL, MIKE 201 S. BISCAYNE BLVD., STE. 3000 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VP ABRAMOWITZ, DAVID 4525 NAUTILUS DR MIAMI BCH, FL |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |

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 07/09/04-80006-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or biennial report is true and accurate and that my signature shall have the same legal effect as I made under oath, that I am an officer or director of the corporation or the individual 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 a other like empowered.

SIGNATURE: David Abramowitz, VP 7/7/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR