


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000000739


1. Entity Name
HEBREW FREE LOAN ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business
**18900 N.E. 25TH AVENUE
 MIAMI, FL 33180 US**

Mailing Address
**P.O. BOX 630362
 MIAMI, FL 33163-0362**

DO NOT WRITE IN THIS SPACE



01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0204289	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

**GOPMAN, GLENN H
 20590 W DIXIE HIGHWAY
 MIAMI, FL 33180**

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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 May 1, 2008**

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

U00000944779
 05/29/08-80113-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINBERG, ANDREW P.O. BOX 630362 MIAMI, FL 33163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOPMAN, GLENN 2010 N.E. 198TH TERRACE MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, JOE DR. 2485 MERIDIAN AVENUE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDMAN, RICK 1600 SE 17 ST STE 404 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWITT, SYDELL 2335 NE 197 ST MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ-CANTERA, RENEE 3390 MARY ST. #139 MIAMI, FL 33133

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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: Glenn H. Gopman **GLENN GOPMAN** 4/29/08 305-937-2272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #