


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006795

1. Entity Name
AGUDATH ISRAEL OF SOUTH FLORIDA, INC.



Principal Place of Business
**4541 N BAY RD
 MIAMI BEACH FL 33140**

Mailing Address
**4541 N BAY RD
 MIAMI BEACH FL 33140**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0879644**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MANASTER, JOSHUA D
 1428 BRICKELL AVENUE 8TH FLOOR
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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	D <input type="checkbox"/> Delete
NAME	RUBIN, JONATHAN
STREET ADDRESS	4541 N BAY RD
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> Delete
NAME	WEISS, BUDDY
STREET ADDRESS	17811 NE 7 AVE
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162
TITLE	D <input type="checkbox"/> Delete
NAME	HOLLANDER, ARI
STREET ADDRESS	4525 N MERIDIAN AVE
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> Delete
NAME	LAPCIUC, MARCOS
STREET ADDRESS	4900 PINE TREE DRIVE
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000268170
CITY - ST - ZIP	03/18/05-80030-017 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Jonathan Rubin **Jonathan Rubin** 3/15/05 305-962-1242

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