

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006795

FILED
Feb 19, 2007
Secretary of State

Entity Name: AGUDATH ISRAEL OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4541 N BAY RD
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4541 N BAY RD
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0879644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUBIN, JONATHAN
Address: 4541 N BAY RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: WEISS, BUDDY
Address: 17611 NE 7 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: HOLLANDER, ARI
Address: 4525 N MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: LAPCIUC, MARCOS
Address: 4900 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN RUBIN

DR.

02/19/2007

Electronic Signature of Signing Officer or Director

Date