

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 23, 2009  
Secretary of State**

DOCUMENT# N98000006795

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 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

D

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date