

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001664

FILED
Jul 26, 2004
Secretary of State**Entity Name:** NEIR AURAHAM BACHARIAN SEPHARDIC CENTER, INC.**Current Principal Place of Business:**2676 NE 204TH TERRACE
N
N MIAMI BEACH, FL 33180**New Principal Place of Business:****Current Mailing Address:**2676 NE 204TH TERRACE
N
N MIAMI BEACH, FL 33180**New Mailing Address:****FEI Number:** 11-6747065**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AMINOV, ISRAEL
2470 N.E. 200 ST.
N. MIAMI BEACH, FL 33180**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:** PD () Delete
Name: AMINOV, ISRAEL
Address: 2470 NE 200TH ST
City-St-Zip: MIAMI, FL 33180**Title:** V () Delete
Name: ARONOV, SALAMON
Address: 19416 NE 26TH AVE
City-St-Zip: N. MIAMI BCH, FL 33180**Title:** SD () Delete
Name: AMINOV, STELLA
Address: 2470 NE 200TH ST
City-St-Zip: N. MIAMI BCH, FL 33180**Title:** VD () Delete
Name: ARABOV, RACHAEL
Address: 19920 NE 21ST AVE
City-St-Zip: N.MIAMI BCH, FL 33180**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 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 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: ISRAEL AMINOV

PD

07/26/2004

Electronic Signature of Signing Officer or Director

Date