2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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1. Entity Name
NEIR AURAHAM BACHARIAN SEPHARDIC CENTER, INC.

Principal Place of Business	Mailing Address
2676 NE 204TH TERRACE N N MIAMI BEACH, FL 33180	2676 NE 204TH TERRACE N N MIAMI BEACH, FL 33180

04062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
11-6747065
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMINOV, ISRAEL
2470 N.E. 200 ST.
N. MIAMI BEACH, 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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMINOV, ISRAEL
STREET ADDRESS	2470 NE 200TH ST
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	V
NAME	ARONOV, SALAMON
STREET ADDRESS	19416 NE 26TH AVE
CITY-ST-ZIP	N. MIAMI BCH, FL 33180
TITLE	SD
NAME	AMINOV, STELLA
STREET ADDRESS	2470 NE 200TH ST
CITY-ST-ZIP	N. MIAMI BCH, FL 33180
TITLE	VD
NAME	ARABOV, RACHAEL
STREET ADDRESS	19920 NE 21ST AVE
CITY-ST-ZIP	N.MIAMI BCH, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80039-010 61.25

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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: _____ Solomon M. Aronov 4-5-05 (305)932-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #