


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000001955 1. Entity Name HEBREW EDUCATORS ALLIANCE, INC.	
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Principal Place of Business 2040 ACTION RD MIAMI BEACH FL 33140	Mailing Address 2040 ACTION RD MIAMI BEACH FL 33140
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country	4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHAPIRO, MRS. TIRTZA 2040 ALTON ROAD MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD NAME: SCHAPIRO, TIRTZA STREET ADDRESS: 2040 ALTON RD CITY- ST- ZIP: MIAMI BEACH FL 33139
TITLE	PD NAME: GREENBERG, ELLA STREET ADDRESS: 10925 SW 113 PL #B CITY- ST- ZIP: MIAMI FL 33176
TITLE	PT NAME: SZNOL, SARA STREET ADDRESS: 19832 NE 1 AVE CITY- ST- ZIP: N MIAMI BEACH FL 33179
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME: STREET ADDRESS: CITY- ST- ZIP:
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Tirtza Schapiro Date: 1/28/07 Daytime Phone #: 305-531-679