

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 17, 2006
Secretary of State**

DOCUMENT# P33441

Entity Name: THE AMERICAN FRIENDS OF BEIT ISSIE SHAPIRO, INC.

Current Principal Place of Business:

200 WEST 57TH ST.
NEW YORK, NY 10019 US

New Principal Place of Business:

200 WEST 57TH ST.
609
NEW YORK, NY 10019 US

Current Mailing Address:

200 WEST 57TH ST.
SUITE 1003
NEW YORK, NY 10019 US

New Mailing Address:

FEI Number: 13-3434781 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:

Name and Address of New Registered Agent:

TG MANAGEMENT, INC.
4000 ISLAND BLVD., NORTH
MIAMI BEACH, FL 33160 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRUMP, EDDIE,
Address: 4000 ISLAND BLVD., N.
City-St-Zip: MIAMI BEACH, FL

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

Title: D () Delete
Name: TRUMP, JULIUS,
Address: 4000 ISLAND BLVD., N.
City-St-Zip: MIAMI BEACH, FL

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

Title: D () Delete
Name: TRUMP, STEPHANIE,
Address: 4000 ISLAND BLVD., N.
City-St-Zip: MIAMI BEACH, FL

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

Title: D () Delete
Name: TODES, MARK
Address: 200 WEST 57TH STREET SUITE
City-St-Zip: NEW YORK, NY

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

Title: S () Delete
Name: LIEB, JAMES M.,
Address: 4000 ISLAND BL.
City-St-Zip: N. MIAMI BCH, FL

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: MARK TODES

TREA

07/17/2006

Electronic Signature of Signing Officer or Director

Date