

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007904

**FILED**  
**May 13, 2015**  
**Secretary of State**  
**CC5715778176**

**Entity Name:** SEPHARDIC KOSHER SUPERVISION INC

**Current Principal Place of Business:**

1075 NE MIAMI GARDEN DR  
#702  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

PO BOX 813506  
HOLLYWOOD, FL 33081

**FEI Number:** 90-0754113

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIN, RAFAEL DR  
19390 COLLINS AVE #818  
SUNNY ISLES 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

**Officer/Director Detail :**

Title P  
Name DELEON-COHEN, ABRAHAM RABBI  
Address 1075 NE MIAMI GARDEN DR #702  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title S/T  
Name OTERO, MARIANO(MOSHE) RABBI  
Address PO BOX 813506  
City-State-Zip: HOLLYWOOD FL 33081

Title D  
Name DAVIN, RAFAEL DR  
Address 16300 NE 19TH AVE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*I hereby 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 all other like empowered.*

**SIGNATURE:** RABBI MARIANO (MOSHE) OTERO

**PRESIDENT**

**05/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date