

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705561

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: HEBREW HOMES OF MIAMI BEACH, INC.

## Current Principal Place of Business:

320 COLLINS AVE.  
MIAMI, FL 331396903

## New Principal Place of Business:

1800 N.E. 168TH STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162 US

## Current Mailing Address:

320 COLLINS AVE.  
MIAMI, FL 331396903

## New Mailing Address:

1800 N.E. 168TH STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 59-0825837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZUBKOFF, WILLIAM DR.  
320 COLLINS AVE.  
MIAMI, FL 33139 US

## Name and Address of New Registered Agent:

ZUBKOFF, WILLIAM DR.  
1800 N.E. 168TH STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162 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:

04/18/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ZUBKOFF, WILLIAM  
Address: 320 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD ( ) Delete  
Name: KALUS, ELLIOT  
Address: 320 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: GALBUT, RUSSELL  
Address: 320 COLLINS AVE.  
City-St-Zip: MIAMI, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ZUBKOFF, WILLIAM  
Address: 1800 N.E. 168TH STREET, SUITE 200  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: STD (X) Change ( ) Addition  
Name: KALUS, ELLIOT  
Address: 1800 N.E. 168TH STREET, SUITE 200  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: D (X) Change ( ) Addition  
Name: GALBUT, RUSSELL  
Address: 1800 N.E. 168TH STREET, SUITE 200  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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: WILLIAM ZUBKOFF

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date