



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90287 009 \*\*\*\*61.25

<b>DOCUMENT # 718825</b> 1. Entity Name <b>BETH YOSEPH CHAIM CONGREGATION, INC.</b>					
Principal Place of Business <b>843 MERIDIAN AVE MIAMI BEACH, FL 33139-5717</b>			Mailing Address <b>C/O ROBERT HERMAN SUITE 109 PLANTATION, FL 33324</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>c/o Robert Herman</b> Suite, Apt. #, etc. <b>Suite 109</b> <b>8751 W Broward Blvd</b>			
City & State _____		City & State <b>Plantation, FL</b>		4. FEI Number <b>59-1619321</b>	
Zip _____		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERMAN, ROBERT M P.A. 8751 W. BROWARD BLVD SUITE 109 PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name <b>Herman, Robert M P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8751 W. Broward Blvd</b> <b>Suite 106</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROZENCWAIG, DON</b> <b>843 MERIDIAN AVE</b> <b>MIAMI BEACH, FL 331395717</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ROZENCWAIG, ANNA</b> <b>843 MERIDIAN AVE</b> <b>MIAMI BEACH, FL 331395717</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HERMAN, JUDITH</b> <b>843 MERIDIAN AVE</b> <b>MIAMI BEACH, FL 331395717</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SHAPIRO, REBECCA</b> <b>843 MERIDIAN AVE</b> <b>MIAMI BEACH, FL 331395717</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>JUDITH HERMAN</u> 4-24-05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					