

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # 730148

1. Entity Name
**B'NAI SEPHARDIM SHAARE SHALOM OF HOLLYWOOD,
INC.**



Principal Place of Business
**3670 STIRLING ROAD
FT. LAUDERDALE, FL 33312**

Mailing Address
**3670 STIRLING ROAD
FT. LAUDERDALE, FL 33312**



01312007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7420141

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALCHEK, FRED
1524 N.W. 182ND AVENUE
PEMBROKE PINES, FL 33029**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANIDJAR, SAMUEL
STREET ADDRESS	3670 STIRLING RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

TITLE	VPD
NAME	LEVY, STEVE Z
STREET ADDRESS	3670 STIRLING RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

TITLE	T
NAME	ANIDJAR, ISAAC
STREET ADDRESS	3670 STIRLING RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

TITLE	S
NAME	AFRIAT, ELIE
STREET ADDRESS	3670 STIRLING RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

TITLE	VT
NAME	LEVY, LEON
STREET ADDRESS	3670 STIRLING RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

TITLE	VS
NAME	MATALON, VICTOR
STREET ADDRESS	3670 STIRLING RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

U00000748337
05/17/07-80062-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Director April 27th 07 9549839981