

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736780

FILED
Apr 28, 2007
Secretary of State

Entity Name: ASSOCIATION FOR JEWISH SPECIAL EDUCATION, INC.

Current Principal Place of Business:

9921 SW 99 STREET
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

9921 SW 99 STREET
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 59-1690944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS-PALEY, BENE' E'
9921 SW 99 STREET
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

MILLS-PALEY, BENE' E'
1300 ST. CHARLES PLACE
PEMBROKE PINES, FL 33026 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: _____ 04/28/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: SCHILLINGER, MARJORIE
Address: 1225 NE 93 STREET
City-St-Zip: MIAMI, FL 33138

Title: O () Delete
Name: COHEN, ADRIENNE
Address: 14001 SW 55 STREET
City-St-Zip: MIAMI, FL 33175

Title: O () Delete
Name: BASS, DENNIS
Address: 735 NE 125TH ST
City-St-Zip: MIAMI, FL 33161

Title: O () Delete
Name: CUMMINGS, WAYNE
Address: 1400 NE 169 STREET #305
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: BENRUBE, MALLARY
Address: 1000 QUAYSIDE TER. PH#11-TOWER #1
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: TAVLIN, TOBY
Address: 18041 BISCAYNE BLVD #403
City-St-Zip: MIAMI, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O (X) Change () Addition
Name: PALEY, HOWARD
Address: 1300 ST. CHARLES PLACE
City-St-Zip: PEMBROKE PINES, FL 33026

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLOTTE KLIEMAN O 04/28/2007
Electronic Signature of Signing Officer or Director Date