2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 739597

1. Entity Name
DEL PRADO MINYAN, INC.

Principal Place of Business	Mailing Address
180TH ST & BISCAYNE BLVD. NORTH MIAMI BCH, FL 33160	180TH ST & BISCAYNE BLVD. NORTH MIAMI BCH, FL 33160

DO NOT WRITE IN THIS SPACE

04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1757668
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, MORRIS
18051 BISCAYNE BLVD.
N MIAMI BCH, FL 33160

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLEIN, MARK
STREET ADDRESS	16011 BISCAYNE BLVD
CITY-ST-ZIP	N. MIAMI BCH, FL
TITLE	TD
NAME	HALPERN, SELMA
STREET ADDRESS	18041 BISCAINE BLVD
CITY-ST-ZIP	MIAMI BCH, FL
TITLE	SD
NAME	GOLDBERG, SYLVIA
STREET ADDRESS	18071 BISCAYNE BLVD
CITY-ST-ZIP	N MIAMI BCH, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/04-80085-021 61.25

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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.

SIGNATURE: [signature] MARK KLEIN 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #