


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 739597 1. Entity Name DEL PRADO MINYAN, INC.	
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Principal Place of Business 180TH ST & BISCAYNE BLVD. NORTH MIAMI BCH, FL 33160	Mailing Address 180TH ST & BISCAYNE BLVD. NORTH MIAMI BCH, FL 33160
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DO NOT WRITE IN THIS SPACE

04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1757668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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: _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD KLEIN, MARK 18011 BISCAYNE BLVD N. MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALPERN, SELMA 18041 BISCAYNE BLVD MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDBERG, SYLVIA 18071 BISCAYNE BLVD N MIAMI BCH, FL 00000,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000747878
05/17/07-80044-008 61.25

**DO NOT WRITE
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: Mark Klein **MARK KLEIN** 4/24/07 (305) 981-5725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #