


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90138 033 ****61.25

DOCUMENT # 744454

1. Entity Name
TORAS EMES ACADEMY OF MIAMI, INC.



Principal Place of Business
1051 N MIAMI BEACH BLVD
N MIAMI BEACH, FL 33162 US

Mailing Address
714 INDIAN CREEK DR
MIAMI BEACH, FL 33141 US

14021218

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1051 N. MIAMI BEACH BLVD.
 Suite, Apt. #, etc.

City & State
N. MIAMI BEACH, FL.

Zip
33162

Country
ONE



04292004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1870702

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
NIMAN, RABBI YISROEL
C/O 7141 INDIAN CREEK DRIVE
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	JACOB, ALLAN 536 W 47 STREET MIAMI BEACH, FL 33140	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	HELLER, ROBERT 4525 N. JEFFERSON AVE MIAMI BEACH, FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	GORDON, WILLIAM 4577 N.MERIDIAN AVE. MIAMI BCH., FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE V/D	LEHRFIELD, MOSHE 1310 N.E. 173RD ST. NORTH MIAMI BEACH, FL 33162	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE O	JONATHAN RUBIN 4541 N. BAY RD MIAMI BEACH, FL 33140	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE O	ARON LAMPERT 4465 N. MERIDIAN AVE MIAMI BEACH, FL 33140	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Allan Jacob _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____