



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90383 016 \*\*\*\*61.25

<b>DOCUMENT # 744454</b>					
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 1051 N MIAMI BEACH BLVD. NORTH MIAMI BEACH, FL 33162 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NIMAN, RABBI YISROEL C/O 7141 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141				Name	
				Street Address (P.O. Box Number is Not Acceptable) 1025 NE MIAMI Gardens Dr	
				City N. Miami Beach FL	Zip Code 33179
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOB, ALLAN			NAME	
STREET ADDRESS	536 W 47 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, ROBERT			NAME	
STREET ADDRESS	4525 N. JEFFERSON AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, WILLIAM			NAME	
STREET ADDRESS	4577 N.MERIDIAN AVE.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH., FL			CITY-ST-ZIP	
TITLE	V/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHRFIELD, MOSHE			NAME	
STREET ADDRESS	1310 N.E. 173RD ST.			STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, JONATHAN			NAME	
STREET ADDRESS	4541 N BAY RD.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPERT, ARON			NAME	
STREET ADDRESS	4465 N.MENTION AVE.			STREET ADDRESS	MERIDIAN Ave
CITY-ST-ZIP	MIAMI BEACH, FL 33140			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.					
<b>SIGNATURE:</b> 		Rabbi Yisroel Y. Niman		4/13/05 365-944-5344	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	