

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2006
Secretary of State**

DOCUMENT# 744454

Entity Name: TORAS EMES ACADEMY OF MIAMI, INC.

Current Principal Place of Business:

1051 N MIAMI BEACH BLVD
N MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

1051 N MIAMI BEACH BLVD.
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 59-1870702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIMAN, RABBI YISROEL
1025 NE MIAMI GARDENS DR
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOB, ALLAN,
Address: 536 W 47 STREET
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Delete
Name: HELLER, ROBERT,
Address: 4525 N. JEFFERSON AVE
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: GORDON, WILLIAM,
Address: 4577 N.MERIDIAN AVE.
City-St-Zip: MIAMI BCH., FL

Title: V/D () Delete
Name: LEHRFIELD, MOSHE,
Address: 1310 N.E. 173RD ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: RUBIN, JONATHAN
Address: 4541 N BAY RD.
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: LAMPERT, ARON
Address: 4465 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: D (X) Change () Addition
Name: RUBIN, JONATHAN DR.
Address: 4541 N BAY RD.
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Change () Addition
Name: LAMPERT, ARON MR.
Address: 4465 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. ALLAN JACOB

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date