


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # 744454 1. Entity Name TORAS EMES ACADEMY OF MIAMI, INC.	
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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
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04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1870702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (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	P JACOB, ALLAN 536 W 47 STREET MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, WILLIAM 4577 N.MERIDIAN AVE. MIAMI BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LEHRFIELD, MOSHE 1310 N.E. 173RD ST. NORTH MIAMI BEACH, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, JONATHAN DR. 4541 N BAY RD. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPERT, ARON MR. 4465 MERIDIAN AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIMAN, ISRAEL RABBI 4595 NAUTILUS COURT MIAMI BEACH, FL 33140

U00000757822
 05/23/07-80088-004 61.25

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

Date _____ Daytime Phone # _____