

**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.**



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**



04272007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, WILLIAM 4577 N.MERIDIAN AVE. MIAMI BCH., FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LEHRFIELD, MOSHE 1310 N.E. 173RD ST. NORTH MIAMI BEACH, FL 33182
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, JONATHAN DR. 4541 N BAY RD. MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPERT, ARON MR. 4465 MERIDIAN AVE MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIMAN, ISRAEL RABBI 4595 NAUTILUS COURT MIAMI BEACH, FL 33140
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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 #