## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 25, 2005 08:00 AM

Mailing Address   Income   I	DOCUMENT # 747418  1. Entity Name MIKVAS BLIMA OF NORTH DADE, INC.						Secretary	of State	e
Suite, Apt. #, etc.	1054 NE MIA	AMI GDNS DR. (185 ST.)	105	4 NE MIAMI GDNS DR			rans millät tillby latt millst	1211 E1F1 Stall E1R1 MIX	(11d) <b>2</b> ( le <b>2</b> )
Suite, Apt. #, etc.	2 Principal C	lean of Business	a Mai	ling Address					
City & State	z. ( illicigairi	lace of bositiess					IN NII MYNNY CINNI YNIE BINCY 1	BINGS BINES BIRST SINIS NAN	IIFTET BY (MB)
The country   Zip	Suite, Apt #, etc.		Su	Suite, Apt. #, etc.		04202005 Chg-NP CR2E037 (10/03)			
S. Certificate of Status Desired   Fine Regulater	City & State		Ci	City & State			32	<del></del>	<del></del>
7. Name and Address of New Registered Agent	Zip	Country	Zij	0	Country	5. Certificate of St	atus Desired		
EXEMPL, MORTON B SUITE 111, 16666 NE 19 AVENUE NORTH MIAMI BEACH, FL  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Filing Fee is \$61.25   Due by May 1, 2005		6. Name and Address of Curn	ent Registere	ed Agent		7. Name and Add	ress of New Regist	· · · · · · · · · · · · · · · · · · ·	
SUTE 111, 16866 NE 19 AVENUE  NORTH MIAMI BEACH, FL  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am farmful with, and accept the obligations of registered agent.  SIGNATURE  FITTING Fee is \$61.25  Due by May 1, 2005  PITTING POP DEEPS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE OP DEEPS INTERPRETATIONS STREET AGENCY  STREET AGENCS  TITLE OP DEEPS INTERPRETATIONS OFFICERS AND DIRECTORS IN 10  TITLE OP DEEPS INTERPRETATIONS OFFICERS AND DIRECTORS IN 10  TITLE OP DEEPS INTERPRETATIONS OFFICERS AND DIRECTORS IN 10  TITLE OP DEEPS INTERPRETATIONS OFFICERS AND DIRECTORS IN 10  TITLE OP DEEPS INTERPRETATIONS OFFICERS AND DIRECTORS IN 10  TITLE OP DEEPS INTERPRETATIONS OFFICERS AND DIRECTORS IN 10  TITLE OP DEEPS INTERPRETATIONS OFFICERS AND DIRECTORS IN 10  TITLE OP DEEPS INTERPRETATIONS OFFICERS AND DIRECTORS IN 10  TITLE OP DEEPS INTERPRETATIONS OFFICERS AND DIRECTORS IN 10  TITLE OP DEEPS INTERPRETATIONS OFFICERS AND DIRECTORS IN 10  TITLE OP DEEPS INTERPRETATIONS OFFICERS AND DIRECTORS IN 10  TITLE OP DEEPS INTERPRETATIONS OFFICERS AND DIRECTORS OFFICERS OFFICERS OFFICERS AND DIRECTORS OFFICERS	ZEMEL M	ORTON B			Name				
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 lapsed or printed rane of registered agent are site if applicable.	SUITE 111	I, 16666 NE 19 AVENUE			Street Address	(P.O. Box Number is I	Not Acceptable)	<u>-</u>	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Total	1				City			FL Zip Cod	le
SIGNATURE    Signature typed or printed name of registered agent are rifled Papticuox. (NOTE Registered Agent elevative received when remainance)   DATE	8 The above	named entity submits this statemer	ot for the num	ose of changing its re	aistered office or regist	ered agent, or both, in	the State of Florida.		and accept
Trust Fund Contribution.   Added to Fees   Florida Department of State	_		agent and little if ap	blicable. (NOTE R	Registered Agent signature requi	red when reinstaling)		DATE	
TITLE									
NAME SIRET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE NAME SIRET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE DP LEHRFIELD, JENNIFER SIRET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE DP LEHRFIELD, JENNIFER SIRET ADDRESS CITY-ST-ZIP TITLE DT LEHRFIELD, JENNIFER SIRET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE TITLE DT LOTT SIRET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE TITLE DT LOTT SIRET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE TITLE DT LOTT SIRET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE TITLE DT LOTT SIRET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE TITLE DT NORTH MIAMI BEACH, FL 33162  TITLE NAME SIRET ADDRESS CITY-ST-ZIP	····	-				\$5.00 May Be Added to Fees			
NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	Due by May 1, 2005	DIRECTORS	Trust Fund Cor	ntribution. $\square$	Added to Fees	Florida C	Department of S	tate
NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	OFFICERS AND DP GOODMAN, BARBARA 17515 NE 7 AVE		Trust Fund Cor	11.  IITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG	Florida C	Department of SIND DIRECTORS IN Change	tate  1 10  Addition
NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162  DILLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	Due by May 1, 2005  OFFICERS AND DP GOODMAN, BARBARA 17515 NE 7 AVE NORTH MIAMI BEACH, FL 3 DP BERNSTEIN, MARCY 1340 NE 172 ST.	33162	Trust Fund Cor	11.  TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG	Florida C	Department of SIND DIRECTORS IN Change 757 88-017 61.	tate 10 Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2005  OFFICERS AND DP GOODMAN, BARBARA 17515 NE 7 AVE NORTH MIAMI BEACH, FL 3 DP BERNSTEIN, MARCY 1340 NE 172 ST. NORTH MIAMI BEACH, FL 3 DP LEHRFIELD, JENNIFER 1310 NE 173 ST.	33162	Trust Fund Cor	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS	Added to Fees ADDITIONS/CHANG	Florida C	Department of SIND DIRECTORS IN Change 757 88-017 61.	tate 4 10
NAME STREET ADDRESS CITY- ST-ZIP NAME CITY- ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2005  OFFICERS AND DP GOODMAN, BARBARA 17515 NE 7 AVE NORTH MIAMI BEACH, FL 3 DP BERNSTEIN, MARCY 1340 NE 172 ST. NORTH MIAMI BEACH, FL 3 DP LEHRFIELD, JENNIFER 1310 NE 173 ST. NORTH MIAMI BEACH, FL 3 DT GITTLESON, FRAN 1330 NE 172 ST	33162 33162 33162	Trust Fund Cor	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG	Florida C	Department of SIND DIRECTORS IN Change 757 88-017 61.	Addition  Addition  Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2005  OFFICERS AND DP GOODMAN, BARBARA 17515 NE 7 AVE NORTH MIAMI BEACH, FL 3 DP BERNSTEIN, MARCY 1340 NE 172 ST. NORTH MIAMI BEACH, FL 3 DP LEHRFIELD, JENNIFER 1310 NE 173 ST. NORTH MIAMI BEACH, FL 3 DT GITTLESON, FRAN 1330 NE 172 ST	33162 33162 33162	Trust Fund Cor	11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Added to Fees ADDITIONS/CHANG	Florida C	Department of SIND DIRECTORS IN Change 757 88-017 61.  Change	Addition  Addition  Addition

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: