


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 747418</b> 1. Entity Name MIKVEH JOVITA COJAB, INC.	
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Principal Place of Business 1054 NE MIAMI GDNS DR. (185 ST.) NORTH MIAMI BEACH, FL 33179	Mailing Address 1054 NE MIAMI GDNS DR. (185 ST.) NORTH MIAMI BEACH, FL 33179
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DO NOT WRITE IN THIS SPACE

FILED  
Jul 24, 2008 08:00 AM  
Secretary of State



07102008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-1957632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GITTLESON, SHELDON  
1100 NE 163 ST.  
#401  
NORTH MIAMI BEACH, FL 33162

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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 September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000956233  
07/24/08-80004-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOODMAN, BARBARA 17515 NE 7 AVE NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERNSTEIN, MARCY 1340 NE 172 ST. NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEHRFIELD, JENNIFER 1310 NE 173 ST. NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Marcy Bernstein 7/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #