

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747418

FILED  
May 07, 2009  
Secretary of State

Entity Name: MIKVEH JOVITA COJAB, INC.

**Current Principal Place of Business:**

1054 NE MIAMI GDNS DR. (185 ST.)  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1054 NE MIAMI GDNS DR. (185 ST.)  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

FEI Number: 59-1957632      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: DP ( ) Delete  
Name: GOODMAN, BARBARA  
Address: 17515 NE 7 AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DP ( ) Delete  
Name: BERNSTEIN, MARCY  
Address: 1340 NE 172 ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DP ( ) Delete  
Name: LEHRFIELD, JENNIFER  
Address: 1310 NE 173 ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**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:

I hereby certify that the information supplied with this filing does not qualify 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: MARCY BERNSTEIN

DP

05/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date