


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90195 018 \*\*\*\*70.00

<b>DOCUMENT # 748032</b> 1. Entity Name <b>JEWISH FEDERATION HOUSING II, INC.</b>					
Principal Place of Business <b>10905 SW 112TH AVE MIAMI, FL 33176</b>			Mailing Address <b>10905 SW 112TH AVE MIAMI, FL 33176</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1967932</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SOLOMON JACOB 4200 BISCAYNE BLVD MIAMI, FL 33137</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <input type="checkbox"/> Delete <b>TD JACOB, SOLOMON</b> STREET ADDRESS <b>4200 BISCAYNE BLVD</b> CITY-ST-ZIP <b>MIAMI, FL</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete <b>MD KRAVITZ, STEVEN J.</b> STREET ADDRESS <b>18735 NE 21ST AVE</b> CITY-ST-ZIP <b>N MIAMI BEACH, FL</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> Delete <b>MS YUDEWITZ, BRUCE</b> STREET ADDRESS <b>4200 BISCAYNE BLVD</b> CITY-ST-ZIP <b>MIAMI, FL</b>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MS</b> NAME <b>Levin, Jeffrey</b> STREET ADDRESS <b>4200 Biscayne Blvd</b> CITY-ST-ZIP <b>Miami FL 33137</b>		
TITLE <input type="checkbox"/> Delete <b>PD GOODMAN, MARTIN B</b> STREET ADDRESS <b>16110 W PRESTWICK PL</b> CITY-ST-ZIP <b>MIAMI LAKES, FL 33014</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>January 22, 2008</b> Daytime Phone # <b>786.866.8600</b>			