## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Mailing Address   Mailing Ad	DOCUMENT # 748032  1. Entity Name JEWISH FEDERATION HOUSING II, INC.								03-03-200	•	018 ****	70.00
Suite, Apt. F. etc.    Suite, Apt. F. etc.   Suite   City 6 State	10905 SW 112TH AVE 1090			10905 SW 112TH	AVE				, , , , , , , , , , , , , , , , , , ,	P- 4124 J(81) 8/81		india ma ingin
City & State  Ci	Principal Place of Business - No P.O. Box # 3. Ma			3. Mailing Address	. Mailing Address							
Zp Country Zp Country	Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			01142008	Chg-NP	CR2E03	7 (12/06)	
SCI_OMON_JACOB 4200 BISCAYNE_BLVD MIAMI, FL 33137  6. The above named emily 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 odigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the odigation of reg	City & State			City & State	City & State							
SOLOMON:JACOB 4200 BISCAYNE BLVD MIAMI, FL 33137  City FL Zip Code	Zip	Zip Country		Zip Cou		intry	5. Certificate of Status Desired \$8.75 Addition Fee Required			fitional d		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Number is Not Acceptable)  Street Address (P.O. Box Number is Not Number is Not Number is Number		6. Name a	and Address of Current I	Registered Agent				7. Name and	Address of New	Registered A	gent	
Signature  Signature  Filing Fee is \$61.25	SOLOMON-IACOR					Name						
B. 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   Signat	4200 BISCAYNE BLVD					Street Ac	ddress (F	P.O. Box Number	is Not Acceptab	le)		
SIGNATURE Syndrar lyrood or presend remore of registered agent and little if applicable.    Signature						City				FL	Zip Code	e
NOTE Programmed Agent act used a projectable   NOTE Proj				the purpose of changing	g its register	ed office or	register	ed agent, or both	, in the State of F	lorida. I am f	amiliar with,	and accept
NOTE Programmed Agent act used a projectable   NOTE Proj		· AN COM	ū									
Filing Fee is \$81.25 Discrey May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ACOB, SQLONION.  ACOB,	SIGNATURE				(NOTE: D:-1	4.4						<del></del>
Trust Fund Contribution. Added to Fees   Flortda Department of State	4 mg -	Signature, typed o	r preseo name or registered agent a	які ісле в вружсакае.	(NUIE: negatore	a Agent signatu	re required	when reinstating)		DAIL		
Delete   TITLE     Delete   TITLE     Delete								\$5,00 May Be Added to Fees Make check payable to Florida Department of State				
SPICET ADDRESS (CITY-ST-2P)  TITLE MAME STREET	10.		OFFICERS AND DIF	RECTORS	11.		Α	ODITIONS/CHA	NGES TO OFFICE	ERS AND DIF	ECTORS IN	10
TITLE MS VUDEWITZ, BRUCE SIREET ADDRESS CITY-ST-ZIP WIMMAI, FL CITY-ST-ZIP Delete MIMMAI LAKES, FL 33014 ITILE MAME SIREET ADDRESS CITY-ST-ZIP WIMMAI LAKES, FL 33014 ITILE MAME SIREET ADDRESS CITY-ST-ZIP WIMMAE SIREET ADDRESS CITY-ST-ZIP WIMMAE SIREET ADDRESS CITY-ST-ZIP WIMMAE SIREET ADDRESS CITY-ST-ZIP WIMMAE SIREET ADDRESS CITY-ST-ZIP WIMMAI LAKES, FL 33014 CITY-ST-ZIP WIMMAE SIREET ADDRESS CITY-ST-ZIP CITY-	STREET ROUTESS	ACOB, SO 4200 BISC	AYNÉ BLVD	☐ Delete	NAM STRE	E et adoress					☐ Change	☐ Addition
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TITLE PD Delete TITLE NAME GOODMAN, MARTIN B STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ADDRESS CITY-ST-ZI	NAME	YUDEWITZ		₩ Delete	NAM	.	Lev 1120	o Biscay	rne Blud		<b>⊠</b> Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	MIMAI, FL			CITY	-\$1-ZIP	MK	imi FL :	33 137			
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NAME STREET ADDRESS CITY ST. IPP	NAME			☐ Delete	nam Stre	E					☐ Change	☐ Addition
					CITY	-ST-ZIP						
	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	TITLI NAM Stre	E Et address	u				Change	Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119; Florida Statutes. I further certify that the information indicated on this report or supplemental leport 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 receive for trusted 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:

TED MANUS OF SUGNING OFFICER OR DIRECTOR

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