2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT #769333** 1. Entity Name BETH JACOB HIGH SCHOOL, INC. Principal Place of Business Mailing Address 1110 N.E. 163 ST. 1110 N.E. 163 ST. N. MIAMI BCH, FL 33162 US N MIAMI BCH. FL 33162 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent SOSTCHIN, HENRIETTA 640 NE 176 ST MIAMI, FL 33162

FILED Jul 06, 2007 8:00 am Secretary of State

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07-06-2007 90002 018 ****62.50

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07022007 No Chg-NP CR2E037 (4/06) Applied For 4. FEI Number 59-2335606 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

5 957-1620

DO NOT WRITE IN THIS SPACE

					THO OF AGE
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or	egistered agent, or bo	oth, in the State of Florida. 1 am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if anniinable (NOTE: Penistered An	ent sinnatur	e required when reinstating)	DATE
D	Filing Fee is \$61.25 ue by September 14, 2007	 Election Campaign Financir Trust Fund Contribution. 	g 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SOSTCHIN, HENRIETTA 640 NE 176TH ST MIAMI, FL 33162				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIZERSON, EPHRAIM 670 NE 176 ST N MIAMI BEACH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The transfer of Mills and	· · · · · · · · · · · · · · · · · · ·		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		en e		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby a indicated of the corchanged	certify that the information supplied with this for this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with a	filling does not qualify for the exem and accurate and that my signature d to execute this report as required Il other like empowered.	otions co shall ha by Char	ntained in Chapter 11 ve the same legal effe oter 617, Florida Statut	19, Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

lineetos

SIGNATURE: