2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # F05000007378

1. Entity Name
AMERICAN FRIENDS OF MEIR PANIM INC.

Principal Place of Business	Mailing Address
5316 NEW UTRECHT AVENUE BROOKLYN, NY 11219	5316 NEW UTRECHT AVENUE BROOKLYN, NY 11219

DO NOT WRITE IN THIS SPACE

01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1582478

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUSTERMAN, ALBERTO
1422 COMMODORE WAY
HOLLYWOOD, FL 33019

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

U00000650067
03/07/07-80076-019 61.25

10. *OFFICERS AND DIRECTORS*

TITLE	P
NAME	ROTH, DAVID
STREET ADDRESS	4910 15TH AVENUE
CITY-ST-ZIP	BROOKLYN, NY 11219
TITLE	V
NAME	FROMM, MICHAEL
STREET ADDRESS	1436 VAN STEFFY AVENUE
CITY-ST-ZIP	WYOMISSING, PA 19610
TITLE	S
NAME	ZEFFREN, MIRA
STREET ADDRESS	211 SOUTH ALTA VISTA BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 718 437-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #