

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42761

FILED  
Apr 19, 2005  
Secretary of State

**Entity Name:** TALMUDIC COLLEGE OF FLORIDA STUDENT HOUSING 1950-60-70 MICHIGAN AVENUE,  
APARTMENTS, INC.

**Current Principal Place of Business:**

1950-60-70 MICHIGAN AVE.  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1910 ALTON ROAD  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number:** 59-1571122      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

IRA, HILL  
1910 ALTON RD  
MIAMI BEACH, FL 33139 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZWEIG, JEROME RABBI  
Address: 2035 N. BAY RD.  
City-St-Zip: MIAMI BEACH, FL

Title: VDT ( ) Delete  
Name: ZWEIG, YITZCHAK  
Address: 2033 N BAY RD  
City-St-Zip: MIAMI BEACH, FL

Title: SD ( ) Delete  
Name: SIMON, MILTON R  
Address: 1910 ALTON RD  
City-St-Zip: MIAMI BEACH, FL

**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 for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R MILTON SIMON

SD

04/19/2005

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

\_\_\_\_\_  
Date