


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008414 1. Entity Name TORAS CHAIM DEVELOPMENT CORPORATION, INC.	
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Principal Place of Business C/O RABBI YISROEL NIMAN 1025 N.E. MIAMI GARDENS DR NORTH MIAMI BEACH, FL 33179	Mailing Address C/O RABBI YISROEL NIMAN 1025 N.E. MIAMI GARDENS DR NORTH MIAMI BEACH, FL 33179
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DO NOT WRITE IN THIS SPACE



03012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1157826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHAIT, RABBI BENTZION C/O YESHIVA TORAS EMES 1051 NORTH MIAMI BEACH BLVD NORTH MIAMI BEACH, FL 33162	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000308788 04/16/05-80011-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP LAMPERT, ARON 4465 N MERIDIAN AVE M.B., FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV CHAIT, BENTZION RABBI 665 N.E. 175 ST N.M.B., FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVS NIMAN, YISROEL RABBI 4595 NAUTILUS CT M.B., FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT LUBAN, BINYOMEN RABBI 930 NE 175 ST N.M.B., FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Rabbi Yisroel Y. Niman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/13/05</u> <small>Date</small>	<u>305-944-5344</u> <small>Daytime Phone #</small>
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