

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N01000008414

1. Entity Name
TORAS CHAIM DEVELOPMENT CORPORATION, INC.



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**



04272007 No Chg-NP CR2E037 (4/06)

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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
1025 N. E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179**

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IN THIS SPACE**

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

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	TT RUBIN, JONATHAN DR. 4541 NORTH BAY ROAD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/23/07-80088-001 61.25

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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: *[Signature]* **4/29/07** **305-988-5384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #