

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90029 022 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1157826	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHAIT, RABBI BENTZION C/O YESHIVA TORAS EMES 1025 N. E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179			Name <u>Rabbi Yisroel Niman</u> Street Address (P.O. Box Number is Not Acceptable) <u>4595 Nautilus Court</u> City <u>Miami Beach</u> <u>FL</u> Zip Code <u>33140</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMPERT, ARON		NAME		
STREET ADDRESS	4465 N MERIDIAN AVE		STREET ADDRESS		
CITY-ST-ZIP	M.B., FL 33140		CITY-ST-ZIP		
TITLE	TV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAIT, BENTZION RABBI		NAME		
STREET ADDRESS	665 N.E. 175 ST		STREET ADDRESS		
CITY-ST-ZIP	N.M.B., FL 33162		CITY-ST-ZIP		
TITLE	TVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NIMAN, YISROEL RABBI		NAME		
STREET ADDRESS	4595 NAUTILUS CT		STREET ADDRESS		
CITY-ST-ZIP	M.B., FL 33140		CITY-ST-ZIP		
TITLE	TT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUBAN, BINYOMEN RABBI		NAME		
STREET ADDRESS	930 NE 175 ST		STREET ADDRESS		
CITY-ST-ZIP	N.M.B., FL 33162		CITY-ST-ZIP		
TITLE	TT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBIN, JONATHAN DR.		NAME		
STREET ADDRESS	4541 NORTH BAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<u>Rabbi Mordechai Rajen</u>	
STREET ADDRESS			STREET ADDRESS	<u>17601 NE 7 Ave</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>N. Miami Beach, FL 33162</u>	
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 files empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					