

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90130 023 ****61.25

DOCUMENT # N02000007059
 1. Entity Name
JEWSH SINGLES WITH SPECIAL NEEDS, INC.



Principal Place of Business Mailing Address
 7451 W. OAKLAND PARK BLVD. 7451 W. OAKLAND PARK BLVD.
 LAUDERHILL, FL 33319 LAUDERHILL, FL 33319

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01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1134716	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
 BERGMAN, A C
 7451 W. OAKLAND PARK BLVD.
 LAUDERHILL, FL 33319

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

Filing Fee is \$61.25
Due by May 1, 2005

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	D BERGMAN, A C 7451 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEAR, DEBBY 250 WEST 89TH ST., #10K NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELALOVE, MAURICE - <i>ELALOUF</i> 1718 NE 191ST STREET # 513 MIAMI, FL 33179
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 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 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: *Elalouf* ELALOUF MAURICE 15 March 2005 - 954 742 5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #