

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009604

FILED
Apr 19, 2007
Secretary of State

Entity Name: THE VAAD HAKASHRUS OF MIAMI-DADE, INC.

Current Principal Place of Business:

PO BOX 403225
MIAMI BCH, FL 331401225

New Principal Place of Business:

2020 NE 163RD STREET
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

PO BOX 403225
MIAMI BCH, FL 331401225

New Mailing Address:

PO BOX 403225
MIAMI BEACH, FL 331401225

FEI Number: 56-2423634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, JACK
16855 NE 2 AVE STE 303
N MIAMI BCH, FL 33162 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOLLANDER, ARI
Address: 4525 N MERIDIAN AVE
City-St-Zip: MIAMI BCH, FL 33140

Title: DST () Delete
Name: FROHLINGER, STANLEY
Address: 4550 N JEFFERSON AVE
City-St-Zip: MIAMI BCH, FL 33140

Title: DVP () Delete
Name: RUBIN, JONATHAN
Address: 4541 N. BAY RD.
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: ROTTMAN, MICHAEL
Address: 1033 WEST 47TH STREET
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: BELEFER, BENJAMIN
Address: 1321 NW 14 ST STE 202
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: PEPPARD, TUVIA
Address: 4350 JEFFERSON AVE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: FROHLINGER, STANLEY DDS
Address: 4550 N JEFFERSON AVE
City-St-Zip: MIAMI BCH, FL 33140

Title: DVP (X) Change () Addition
Name: RUBIN, JONATHAN MD
Address: 4541 N. BAY RD.
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BEFELE, BENJAMIN MD
Address: 1321 NW 14 ST STE 202
City-St-Zip: MIAMI, FL 33125

Title: D (X) Change () Addition
Name: PEPPARD, TUVIA MD
Address: 4350 JEFFERSON AVE
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARI HOLLANDER

DP

04/19/2007

Electronic Signature of Signing Officer or Director

Date