2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N02000009604

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

Current Principal Place of Business:

2020 NE 163RD STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

PO BOX 403225
MIAMI BEACH, FL 33140

New Mailing Address:

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:

ARI, HOLLANDER
18905 NE 25TH AVE
MIAMI, FL 33180 US

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: ARI HOLLANDER 04/13/2009
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 DDS
Address: 4550 N JEFFERSON AVE
City-St-Zip: MIAMI BCH, FL 33140

Title: DVP ( ) Delete
Name: RUBIN, JONATHAN MD
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: BEFELER, BENJAMIN MD
Address: 1321 NW 14 ST STE 202
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete
Name: PEPPARD, TUVIA MD
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 04/13/2009
Electronic Signature of Signing Officer or Director Date