2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009750

Entity Name: SEPHARDIC JEWISH CENTER OF NORTH MIAMI, INC.

FILED Jan 30, 2004 Secretary of State

Current Principal Place of Business:			r	New Principal Place	or Business:	
	RTHEAST 6TH . AMI BEACH, FI					
Current Mailing Address:			ı	New Mailing Address:		
17100 NORTHEAST 6TH AVENUE NORTH MIAMI BEACH, FL 33162						
FEI Number: 59-1548211 FEI Number Applied For () FEI N			FEI Numb	per Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
BOAZIZ, MORDECAI 4218 SW 130TH AVE. DAVIE, FL 33330 US				BOAZIZ, MORDECHA 1218 SW 130TH AVE. DAVIE, FL 33330 L	JS	
The above in the State		ubmits this statement for the pu	rpose of	changing its registered	d office or registered agent, or both,	
SIGNATURE: MORDECHAI BOAZIZ					01/30/2004	
	Electronic	Signature of Registered Agen	it		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BOAZIZ, MORDE	AST 6TH AVENUE	۱ م	ïitle: Jame: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () [IMANUEL, DAVID 1705 WHITEHAL FT. LAUDERDAL	L DRIVE II #402	۱ م	ītle: Jame: Jity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () E HAZAN, JUDAH 16800 NE 15TH A N. MIAMI BEACH		۸ م	ritle: Jame: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () E GABAY, RONI 2260 NE 197TH S N. MIAMI BEACH		۸ م	itle: Jame: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () [IMANUEL, SARAI 1705 WHITEHAL FT. LAUDERDAL	L DRIVE II #402	۸ م	itle: Jame: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () E GRETAH, MONIC 850 NE 168TH S' MIAMI BEACH, F	TREET N.	۸ م	ītle: Jame: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MORDECHAI BOAZIZ PD 01/30/2004