

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # N03000002161

1. Entity Name
AMERICAN FRIENDS OF SHA'AR HASHAMAYIM INC



Principal Place of Business
17971 BISCAYNE BLVD
104
AVENTURA, FL 33160 US

Mailing Address
17971 BISCAYNE BLVD
104
AVENTURA, FL 33160 US



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0050472

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOLDBERG, ALAN M
17971 BISCAYNE BLVD
#104
AVENTURA, FL 33160

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME GOLDBERG, ALAN M
STREET ADDRESS 17971 BISCAYNE BLVD STE 104
CITY-ST-ZIP AVENTURA, FL 33160

TITLE D
NAME SIMON, ETHEL
STREET ADDRESS 920 NE 169 ST #417
CITY-ST-ZIP MIAMI, FL 33162

TITLE D
NAME GLAZER, STEPHANIE E
STREET ADDRESS 1024 SCARLETT OAK STREET
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000580362
01/10/07-80044-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

Alan M. Goldberg

ALAN M GOLDBERG

1/4/07

305-932-8617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #