

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000003416**

1. Entity Name  
**MENORAH FOUNDATION, INC.**



Principal Place of Business  
**% AIDA FURMANSKI  
2875 N.E. 191 STREET SUITE 704  
NORTH MIAMI BEACH, FL 33180**

Mailing Address  
**% AIDA FURMANSKI  
2875 N.E. 191 STREET SUITE 704  
NORTH MIAMI BEACH, FL 33180**



07252006 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**98-0396531**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CAHLIN, RICHARD A CPA  
20590 WEST DIXIE HWY  
MIAMI, FL 33180**

**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 re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **FURMANSKI, AIDA**  
STREET ADDRESS **2875 N.E. 191ST STREET, SUITE 704**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33180**

TITLE **D**  
NAME **CHIPRUT, EDMUNDO E**  
STREET ADDRESS **2875 N.E. 191ST STREET, SUITE 704**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33180**

TITLE **D**  
NAME **BEDA, GLORIA**  
STREET ADDRESS **2875 N.E. 191ST STREET, SUITE 704**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000573248  
08/03/06-80002-022 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:** *Aida Furanski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 30/2006 305-434-8999  
Date Daytime Phone