

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

FILED
Jan 29, 2007 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



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0396531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAHLIN, RICHARD A CPA
20580 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 reissuing)

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 NAME STREET ADDRESS CITY-ST-ZIP	D FURMANSKI, AIDA 2875 N.E. 191ST STREET, SUITE 704 NORTH MIAMI BEACH, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIPRUT, EDMUNDO E 2875 N.E. 191ST STREET, SUITE 704 NORTH MIAMI BEACH, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDA, GLORIA 2875 N.E. 191ST STREET, SUITE 704 NORTH MIAMI BEACH, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/31/07-80030-012 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 Furman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 29 / 15, 2007
Date

305-434-8999
Daytime Phone