

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90027 043 \*\*\*\*61.25

<b>DOCUMENT # N03000003416</b> 1. Entity Name <b>MENORAH FOUNDATION, INC.</b>			
Principal Place of Business <b>% AIDA FURMANSKI</b> <b>2875 N.E. 191 STREET SUITE 704</b> <b>NORTH MIAMI BEACH, FL 33180</b>		Mailing Address <b>% AIDA FURMANSKI</b> <b>2875 N.E. 191 STREET SUITE 704</b> <b>NORTH MIAMI BEACH, FL 33180</b>	
2. Principal Place of Business - No P.O. Box # <b>11010 NW 30TH ST. COL 2014</b> Suite, Apt. #, etc. <b>SUITE 104</b>		3. Mailing Address <b>11010 NW 30TH ST. COL 2014</b> Suite, Apt. #, etc. <b>SUITE 104</b>	
City & State <b>MIAMI FLORIDA</b>		City & State <b>MIAMI FLORIDA</b>	
Zip <b>33172</b>		Zip <b>33172</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>98-0396531</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAHLIN, RICHARD A CPA</b> <b>20590 WEST DIXIE HWY</b> <b>MIAMI, FL 33180</b>		7. Name and Address of New Registered Agent Name <b>CAHLIN, RICHARD A CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2525 PONCE DE LEON BOULEVARD</b> <b>5TH FLOOR</b> City <b>CORAL GABLES</b> FL Zip Code <b>33134</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURMANSKI, AIDA <input type="checkbox"/> Delete 2875 N.E. 191ST STREET, SUITE 704 NORTH MIAMI BEACH, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURMANSKI, AIDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COL 2014, 11010 NW 30TH ST. (104) MIAMI, FLORIDA 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIPRUT, EDMUNDO E <input type="checkbox"/> Delete 2875 N.E. 191ST STREET, SUITE 704 NORTH MIAMI BEACH, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIPRUT, EDMUNDO E / FURMANSKI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COL 2014, 11010 NW 30TH ST (104) MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDA, GLORIA <input type="checkbox"/> Delete 2875 N.E. 191ST STREET, SUITE 704 NORTH MIAMI BEACH, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA BEDA / FURMANSKI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COL 2014 11010 NW 30TH ST (104) MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: AIDA FURMANSKI</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>JANUARY 17/08 305-7739216</b> <small>Date Daytime Phone #</small>	

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