2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # N03000004088

1. Entity Name
SHEMA ISRAEL INTERNATIONAL YESHIVA, INC.

Principal Place of Business	Mailing Address
7120 SW 30 RD MIAMI, FL 33155	7120 SW 30 RD MIAMI, FL 33155

04162007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
55-0867637
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOFFMAN, MANUEL D
7120 SW 30 RD
MIAMI, FL 33155

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	GOFFMAN, MANUEL D
STREET ADDRESS	12360 N.W. 11TH LANE
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	VD
NAME	HUBER, VIRGIL
STREET ADDRESS	3806 INGLEWOOD CT
CITY-ST-ZIP	AUGUSTA, GA 30906
TITLE	SD
NAME	GOFFMAN, ROSA A
STREET ADDRESS	12360 N.W. 11TH LANE
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	D
NAME	MENDES, AVNER BEN YEHUDA
STREET ADDRESS	7120 SW 30 ROAD
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/07-80082-013 61.25

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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: [signature] GOFFMAN MANUEL D. 4/16/07 (305) 266-4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #