

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-02-2004 90037 032 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N03000006434 1. Entity Name CENTER FOR TORAH VECHESD, INC.					
Principal Place of Business C/O ASHER ZWEBNER 5401 COLLINS AVENUE #1019 MIAMI BEACH FL 33140			Mailing Address C/O ASHER ZWEBNER 5401 COLLINS AVENUE #1019 MIAMI BEACH FL 33140		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0347908	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEIN, ERIC P ESQ. 1820 NE 163RD STREET #100 NORTH MIAMI BEACH FL 33162				Name ASHER ZWEBNER Street Address (P.O. Box Number is Not Acceptable) 5401 COLLINS AVE, APT 1019 City MIAMI BEACH FL Zip Code 33140	
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 Feb 27.04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE ASHER ZWEBNER <input type="checkbox"/> Delete NAME PRESIDENT	TITLE ASHER ZWEBNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 5401 COLLINS AVE APT 1019 STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-ZIP PRESIDENT		CITY-ST-ZIP MIAMI BEACH, FL 33140		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:				DATE: Feb 27.04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>State Daytime Phone #</small>	