

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Nov 29, 2011  
Secretary of State**

DOCUMENT# N04000006171

**Entity Name:** JEWISH EDUCATIONAL LEADERSHIP INSTITUTE, INC.**Current Principal Place of Business:**1015 W 46 STREET  
MIAMI BEACH, FL 33140 US**New Principal Place of Business:****Current Mailing Address:**1015 W 46 STREET  
MIAMI BEACH, FL 33140 US**New Mailing Address:**

FEI Number: 20-1281655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**FRANKFORTER, MARC  
1015 W 46 STREET  
MIAMI BEACH, FL 33140 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**Title: P  
Name: FRANKFORTER, MARC  
Address: 1015 W 46 STREET  
City-St-Zip: MIAMI BEACH, FL 33140 USTitle: VP  
Name: FRANKFORTER, LOUIZA  
Address: 1015 W 46 STREET  
City-St-Zip: MIAMI BEACH, FL 33140 USTitle: T  
Name: ROSSENWASSER, ROBERT  
Address: 610 NE 168TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162Title: AS  
Name: AMAR, MARC  
Address: 10155 COLLINS AVENUE  
City-St-Zip: BAL HARBOR, FL 33154Title: VP  
Name: SITBON, ARNAUD  
Address: 9701 W BROADVIEW DRIVE  
City-St-Zip: BAY HARBOUR ISLANDS, FL 33154

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARC FRANKFORTER

P

11/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date