2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006
Secretary of State

DOCUMENT# N04000006200

Entity Name: TORAH ACADEMY FOR GIRLS-SHAAREI BINA, INC.

Current Principal Place of Business:

137 NE 19TH STREET
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1428 BRICKELL AVE EIGHT FL
MIAMI, FL 33131

New Mailing Address:

137 NE 19TH STREET
MIAMI, FL 33132

FEI Number: 20-1280801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MANASTER, JOSHUA D
1428 BRICKELL AVE EIGHT FL
MIAMI, FL 33131 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:	DS	( ) Delete
Name:	ROSENBAUM, ELANNA	
Address:	137 NE 19TH STREET	
City-St-Zip:	MIAMI, FL 33132	
Title:	DP	( ) Delete
Name:	ROSENBAUM, GARY	
Address:	137 NE 19TH STREET	
City-St-Zip:	MIAMI, FL 33132	
Title:	DS	( ) Delete
Name:	POMPER, SUZAN	
Address:	137 NE 19TJ STREET	
City-St-Zip:	MIAMI, FL 33132	
Title:	D	( ) Delete
Name:	POMPER, MARK	
Address:	137 NE 19TH STREET	
City-St-Zip:	MIAMI, FL 33132	
Title:	DT	( ) Delete
Name:	BOKOR, MICHAEL	
Address:	137 NE 19TH STREET	
City-St-Zip:	MIAMI, FL 33132	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	POMPER, SUZAN	
Address:	137 NE 19TH STREET	
City-St-Zip:	MIAMI, FL 33132	
Title:	DV	(X) Change ( ) Addition
Name:	POMPER, MARK	
Address:	137 NE 19TH STREET	
City-St-Zip:	MIAMI, FL 33132	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL BOKOR DT 08/31/2006

Electronic Signature of Signing Officer or Director — Date