


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90440 001 ****75.00

DOCUMENT # N05000007241					
1. Entity Name B'NAI YISRAEL, INC.					
Principal Place of Business 6306 PEMBROKE ROAD, 2ND FLOOR WEST MIRAMAR, FL 33023			Mailing Address 6306 PEMBROKE ROAD, 2ND FLOOR WEST MIRAMAR, FL 33023		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6597 Racquet club Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lauderhill Florida			
Zip	Country	Zip 33319	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BENOIT, HAROLD <input type="checkbox"/> Delete 6306 PEMBROKE ROAD, 2ND FLOOR WEST MIRAMAR, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasure <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bullock, Audrey 6306 Pembroke Rd 2Fl W Miramar FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete GIBSON, RICKIE 6306 PEMBROKE ROAD, 2ND FLOOR WEST MIRAMAR, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Babb-Alleyne, Lovern <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2734 NW 80th Ave. Sunrise, Florida 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete BULLOCK, AUDREY 6306 PEMBROKE ROAD, 2ND FLOOR WEST MIRAMAR, FL 33023		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Delete BABB, BRENTLEY 2734 NW 80TH AVE SUNRISE, FL 33322		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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.					
SIGNATURE: <u>Harold Benoit</u>			4/23/07 954-557-1821		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		