2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 8:00 am Secretary of State

DOCUMENT # N05563 1. Entity Name THE SOUTH FLORIDA SHOMRIM SOCIETY, INC.									02-14-2005	_)40 ****6	
Principal Place of Business 4200 BISCAYNE BOULEVARD 4200 BISCAYNE BMIAMI, FL 33137-3210 MIAMI, FL 33137-3210 Miami, FL 33137-3210											N 8151) PISM GIP	NYS1 ET 1001
2. Principal Pl	lace of Busir	ness	3. Mailing	Address	<u>.</u>							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					, 150,1151 641		. AMII BIZM ALB	i) B!E(B E((B)S	
								02082005	Chg-NP	CR2E03	37 (10/03)	
City & State			City & State					4. FEI Number 59-2512			 	plied For at Applicable
Zip	Zip Country		Zip		Соц	Country		5. Certificate of Status Desired See Required Fee Required				
	6. Name	and Address of Current i	Registered A	gent				7. Name and	Address of New R			
MANKES,		M ESQ				Name						
% SHOMRIM 420 BISCAYNE BLVD 4200 BISCAYNE BIND						Street A	ddress (P.O. Box Numbe	r is Not Acceptable	e) 		
MIAMI, FL	33137	,0	<i>n</i> _t ,	00		City			# ET 1110 TF 18		1 7 6 6 4	
						City				FL	Zip Cod	
	ions of regis	ty submits this statement for stereous gent. Growing name of confered agent a	h.	BA	-		. ^	NKES	1, in the State of Fic	2/8/	2 <i>6</i> 05	and accept
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financia Trust Fund Contribution.												
	_	May 1, 2005						\$5.00 May Be Added to Fees	Flor	ida Depar	c payable t tment of S	tate
10.	Due by f			Trust Fund (Contribut	ion.		Added to Fees	, ,	ida Depar	tment of S	1 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by I	OFFICERS AND DIR GREGG MRIM, 4200 BISCAYNE	RECTORS		11. TITLE NAM STRE	ion.		Added to Fees	Flor	ida Depar	tment of S	tate
TITLE NAME STREET ADDRESS	Due by II GLASEL, C/O SHO MIAMI, FI	OFFICERS AND DIR	BLVD.	Trust Fund (11. TITLI NAM STRE CITY TITLI NAM STRE	E LE LET ADDRESS '-ST-ZIP E	,	Added to Fees	Flor	ida Depar	tment of S	1 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by II GLASEL, C/O SHO MIAMI, FI VP BENROL C/O SHO MIAMI, FI D LEIBONE	OFFICERS AND DIR OFFICERS AND DIR GREGG MRIM, 4200 BISCAYNE L ILA, MICHAEL MRIM, 4200 BISCAYNE L DITZ, STEVE	BLVD.	Trust Fund C	11. TITLI NAM STRE CITY TITLI NAM STRI CITY TITLI NAM STRI CITY TITLI NAM STRI CITY	E E E E E E E E E E E E E E E E E E E	BEN	Added to Fees ADDITIONS/CHA	Flor	ida Depar	TIMENT OF SIN	Late 1 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by II GLASEL, C/O SHO MIAMI, FI VP BENROL C/O SHO MIAMI, FI C/O SHO MIAMI, FI VP MANRES SHORIM MIAMI, F D NELVER	May 1, 2005 OFFICERS AND DIR GREGG MRIM, 4200 BISCAYNE L ILA, MICHAEL DMRIM, 4200 BISCAYNE L DITZ, STEVE DMRIM, 4200 BISCAYNE L S, BARRY 4200 BISCAYE BLVD L 33137 , IRVING DRNRIM 4200 BISCAYNIM	BLVD.	Trust Fund C	TITLI NAM STRE CITY	E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS	BEN LE	Added to Fees ADDITIONS/CHA	Flor	ida Depar	tment of Si RECTORS IN Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by II D GLASEL, C/O SHO MIAMI, FI VP BENROL C/O SHO MIAMI, F D LEIBONE C/O SHO MIAMI, F VP MANRES SHORIM MIAMI, F D NELVER C\O SHO MIAMI, F	May 1, 2005 OFFICERS AND DIR GREGG MRIM, 4200 BISCAYNE L ILA, MICHAEL DMRIM, 4200 BISCAYNE L DITZ, STEVE DMRIM, 4200 BISCAYNE L S, BARRY 4200 BISCAYE BLVD L 33137 , IRVING DRNRIM 4200 BISCAYNIM	BLVD. BLVD. BLVD.	Trust Fund C	TITLL NAMESTREE CITY	E E E E ADDRESS (-ST-ZIP) E E E E E E ADDRESS (-ST-ZIP) E E E E E E ADDRESS (-ST-ZIP)	BEN LE	Added to Fees ADDITIONS/CHA TOLILA EBOWIT ANKES, A OMRIM	Flor	ida Depar	tment of Si RECTORS IN Change Change Change Change	tate 10 Addition Addition Addition Addition Addition Addition

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 turther 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 puspee 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:

THE AND PREDER PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

MAUKES

355-4676