## 2007 NOT-FOR-PROFIT CORPORATION

## Aug 10, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N05563 08-10-2007 90047 039 \*\*\*\*61.25 THE SOUTH FLORIDA SHOMRIM SOCIETY, INC. Principal Place of Business Mailing Address 60054512 4200 BISCAYNE BOULEVARD 4200 BISCAYNE BOULEVARD MIAMI, FL 33137-3210 MIAMI, FL 33137-3210 3. Mailing Address 20533 BISCAYNE SIVD 2. Principal Place of Business - No P.O. Box # 20533 BISCAYNE BLVD. Suite, Apt. #, etc Suite, Apt. #, etc 08012007 Cha-NP CR2E037 (12/06) SUITE SUITE 244 4. FEI Number 59-2512675 City & State City & State Applied For PL IVENTURA RNTURA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent M. MANKES MANKES, BARRY M ESQ % SHOMRIM (FO Box Humber is Not A **420 BISCAYNE BLVD** MIAMI, FL 33137 BISCAY NE B/00. HUENTURA 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 ag SIGNATURE (NOTE: Registeted Agent signature required Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Defete Change Addition 40 SOUTH FLOREDA SHOMRIM SOCIET GLASEL, GREGG NAME NAME 20533 BISCAYNEBlod, Soite 244 STREET ADDRESS C/O SHOMRIM, 4200 BISCAYNE BLVD. STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP AVENTURA FL TITLE ☐ Delete TO SOUTH FLORIDA Shomeim Society 20533 BREAYNE BIUD., Suite 244 ☐ Addition BENTOLILA, MICHAEL NAME NAME STREET ADDRESS C/O SHOMRIM, 4200 BISCAYNE BLVD. STREET ADDRESS MIAMI, FL CITY-ST-ZIP HUENTURA CITY-ST-ZIP TITLE ☐ Delete Change . TITLE ☐ Addition 40 SOUTH FLORIDA STORKIM SOCIETY LEIBOWITZ, STEVE NAME NAME 20533 BISCAYNE BLUD, SUITE 246 STREET ADDRESS C/O SHOMRIM, 4200 BISCAYNE BLVD. CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP AUBUTURA, FL 33/80 TITLE Change ☐ Delete TITLE Addition MANKES, BARRY NAME NAME STREET ADDRESS STREET ADDRESS SHORMIM 4200 BISCAYNE BLVD CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP TITLE TITLE Delete ■ Addition NAME HELLER, IRVING NAME BISCAGNEBIUD, Suite C/O SHORMIM 4200 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 direction of the corporation or the receiver or most engagemental report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 nd accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director Light 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

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SIGNATURE: