
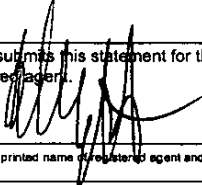
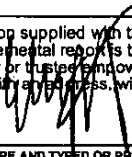


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90033 004 ****61.25

DOCUMENT # N06000003122					
1. Entity Name NORTH MIAMI BEACH COMMUNITY KOLLEL, INC.					
Principal Place of Business 1210 NE 171ST TERRACE NORTH MIAMI BEACH, FL 33162 US			Mailing Address 1210 NE 171ST TERRACE NORTH MIAMI BEACH, FL 33162 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4656916	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WAKSHUL, AVI 1210 N.E. 171ST TERRACE MIAMI, FL 33162			Name ELLY SCHMELTZER		
			Street Address (P.O. Box Number is Not Acceptable) 17335 NE 11th AVE		
			City NMB		FL
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) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	BLUMBERG, ABRAHAM	<input type="checkbox"/> Delete	TITLE RABBI	ELLY SCHMELTZER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1210 N.E. 171ST TERRACE	MIAMI, FL 33162		STREET ADDRESS 17335 NE 11th AVE	NMB, FL 33162	CEO
CITY-ST-ZIP MIAMI, FL 33162			CITY-ST-ZIP NMB, FL 33162		
TITLE VP	MEISELS, CHAIM	<input type="checkbox"/> Delete	TITLE MRS RENA SCHMELTZER	17335 NE 11th AVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1210 N.E. 171ST TERRACE	MIAMI, FL 33162		STREET ADDRESS NMB, FL 33162		OFFICER
CITY-ST-ZIP MIAMI, FL 33162			CITY-ST-ZIP NMB, FL 33162		
TITLE		<input type="checkbox"/> Delete	TITLE MRS. BARBARA SHAPIRO	3711 PRAIRIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			STREET ADDRESS MB FL 33140		OFFICER
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 all other like empowered.					
SIGNATURE: 				Date 786-348-7608	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	