

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006976

FILED  
May 20, 2008  
Secretary of State

**Entity Name:** TREE OF KNOWLEDGE LEARNING ACADEMY, INCORPORATED

**Current Principal Place of Business:**

2220 NE 203 TERRACE  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2220 NE 203 TERRACE  
MIAMI, FL 33180

**New Mailing Address:**

**FEI Number:** 11-3817437      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

**Name and Address of New Registered Agent:**

STEIN-EPSTEIN, SHERRY  
5200 N OCEAN DR. APT 21A  
SINGER ISLAND, FL 33404      US

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: C      ( ) Delete  
Name: STEIN-EPSTEIN, SHERRY  
Address: 5200 N OCEAN DR APT 21A  
City-St-Zip: SINGER ISLAND, FL 33404

Title: D      ( ) Delete  
Name: HOWARD, MELVIN  
Address: 3347 NW 53RD CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: D      ( ) Delete  
Name: SREDNI, ILAN  
Address: 1400 MIAMI GARDENS DR STE 208  
City-St-Zip: MIAMI, FL 33179

Title: D      ( ) Delete  
Name: ROTHCHILD, MOSHE RABBI  
Address: 2601 NE 205 ST  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NICKI SALFER

CEO

05/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date