

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007965

FILED  
Jul 20, 2008  
Secretary of State

Entity Name: LEV TOV CONGREGATION INC.

**Current Principal Place of Business:**

15371 NE 21 AVENUE  
NORTH MIAMI, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

15371 NE 21 AVENUE  
NORTH MIAMI, FL 33162

**New Mailing Address:**

FEI Number: 26-0706903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

OHAYON, JACOB  
1820 NE 163 STREET  
SUITE 303  
NORTH MIAMI, FL 33162 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: PD ( ) Delete  
Name: ABITBOL, LAURENT  
Address: 15371 NE 21 AVENUE  
City-St-Zip: NORTH MIAMI, FL 33162 US

Title: VD ( ) Delete  
Name: AZOULAY, CHARLES  
Address: 3801 NE 207 STREET APT. 1803  
City-St-Zip: AVENTURA, FL 33180 US

Title: TD ( ) Delete  
Name: OHAYON, JACOB  
Address: 1820 NE 163 STREET SUITE 3034  
City-St-Zip: NORTH MIAMI, FL 33162 US

**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:

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: LAURENT ABITBOL

PD

07/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date