


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 26, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90024 018 \*\*\*\*61.25  
06-26-2008 90001 008 \*\*\*\*61.25

<b>DOCUMENT # N07000011761</b>	
1. Entity Name <b>WISDOM IN TORAH MINISTRY, INC.</b>	

Principal Place of Business <b>507 OAK ST. AUBURNDALE FL 33823</b>	Mailing Address <b>507 OAK ST. AUBURNDALE FL 33823</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>P.O. Box 1845</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/08)

City & State <b>Auburndale FL</b>	4. FEI Number <b>26-1546331</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33823</b>	Country <b>FLK/USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD., STE. 400 MIAMI BEACH FL 33139</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By September 3, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CORTES, HERNAN 507 OAK ST. AUBURNDALE FL 33823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST LOPEZ, YOLANDA 507 OAK ST. AUBURNDALE FL 33823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: *Hernan Cortes* **6-23-08 863 662-4776**