

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90037 008 ****61.25

DOCUMENT # N09463

1. Entity Name

YOUNG ISRAEL OF SUNNY ISLES, INC.



Principal Place of Business

17395 N. BAY ROAD
 SUNNY ISLES BEACH FL 33160

Mailing Address

17395 N. BAY ROAD
 SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0664550

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

94015993



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOBIN, DAVID M
 4555 ADAMS AVENUE
 MIAMI BEACH FL 33140

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$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	CHD	<input type="checkbox"/> Delete
NAME	GOLDSCHMIDT, FRED	
STREET ADDRESS	17395 N. BAY ROAD	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ISAAK, PHIL	
STREET ADDRESS	17395 N. BAY ROAD	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	DOBIN, DAVID M	
STREET ADDRESS	4555 ADAMS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARON, JOSEPH YOSSI	
STREET ADDRESS	17395 N BAY ROAD	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEIDEN, LESTER	
STREET ADDRESS	17395 N BAY ROAD	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 authority like empowered.

SIGNATURE:

Phil Isak President 2/20/04 305-534-0419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #