

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N31636

1. Entity Name

THE LANA DITCHEK GOLDBERG HACHNOSSOS KALLAH
OF GREATER MIAMI, INC.



Principal Place of Business

% BARBARA BOSEM DAHAV
1400 LENOX AVENUE
MIAMI BEACH, FL 33139 US

Mailing Address

% BARBARA BOSEM DAHAV
1400 LENOX AVENUE
MIAMI BEACH, FL 33139 US



DO NOT WRITE IN THIS SPACE

04132005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0186078

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAHAV, BARBARA BOSEM
1400 LENOX AVENUE
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

000000324692
04/22/05-80103-011 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
DAHAV, BARBARA BOSEM
1400 LENOX AVENUE
MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHOCHET, BATSHEVA
1035 14TH ST.
MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
LEHRFIELD, MIRIAM
1335 NE 171 STREET
N. MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MAYBERG, JUDY
4433 N. BAY RD.
MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHAPIRO, BARBARA
3711 PRAIRIE AVENUE
MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/05 305 532 7844