

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90041 025 ****70.00

DOCUMENT # N38966 1. Entity Name MAIMONIDES-SHALOM ACADEMY, INC.					
Principal Place of Business 5300 SW 40TH AVE FORT LAUDERDALE, FL 33314 US			Mailing Address 5300 SOUTHWEST 40 AVE FORT LAUDERDALE, FL 33314 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		01152008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0213879				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIEDERMAN, RICA 5300 SW 40TH AVENUE FT. LAUDERDALE, FL 33314			7. Name and Address of New Registered Agent Name FRIEDMAN, Aibert Street Address (P.O. Box Number is Not Acceptable) 5300 SW 40 AVENUE City FT. LAUDERDALE FL Zip Code 33314		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P LIEBERMAN, RICA 3671 N 47 AVENUE HOLLYWOOD, FL 33021 <input checked="" 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	VP FRIEDMAN, AVROMI 5358 SW 34 TERR FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACOBY, STEVEN 4401 N HILLS DRIVE HOLLYWOOD, FL 33021 <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	S AMSELEM, MIRIAM 5820 SW 36 TERR FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Levin, Sheldon 3360 N. 35 STREET HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPLAVER, ADAM 5880 SW 33 AVE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 VP <input checked="" 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	2 VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sobel, Ephraim 4161 PARK VIEW DR HOLLYWOOD, FL 33021	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					