## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Jan 19, 2006 8:00 am **DOCUMENT # N51240 Secretary of State** 1. Entity Name 01-19-2006 90082 024 \*\*\*\*61.25 YOUNG ISRAEL OF MIAMI BEACH, INC. Principal Place of Business Mailing Address 4221 PINE TREE DR. 4221 PINE TREE DR. MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-NP CR2E037 (11/05) City & State Applied For City & State 4. FEI Number 65-0368749 Not Applicable Zip 2in Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LERNER, HERBERT J 777 ARTHUR GODFREY RD. Street Address SECOND FLOOR MIAMI BEACH, FL 33140 City MAM 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 9. Election Campaign Financing Make check payable to Piling Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP TTLE TILE Delete BOMZER, GARY NAME NAME STREET ADDRESS 4510 N JEFFERSON DR STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE ☐ Delete TTT: F NAME KRUGER, JOEL NAME 4465 4214 POST AVE STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-ZIP CITY-ST-ZIP TITLE D Delete TITLE ☐ Change NAME LERNER, HERB NAME STREET ADDRESS 777 ARTHUR GODFREY ROAD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE ABRAMOWITZ, DAVID NAME NAME STREET ADDRESS 4525 NAUTILUS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE D ☐ Delete TITLE REIZ LENNY NAME NAME STREET ADDRESS 2633 PINE TREE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP Delete TITLE LEFKOWITZ, MICHAEL NAME NAME 2990 FLAMINGO DR STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

MIAMI BEACH, FL 33140

CITY-ST-7IP

JOEL Kryper /11/06 SIGNATURE: