2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N93000004865 1. Entity Name MARRANO SEPHARDIC JEWISH CHURCH, INC.						M	lay 31, 200 Secretar		
Principal Place of Business 1712 W FLAGLER ST MIAMI FL 33135 US		Mailing Address 1712 W FLAGLER ST MIAMI FL 33135 US							
2. Principal Place of Business			iling Address						,,,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1st MC	OORE CR2E	037 (10/04)	
City & State		City & State				4. FEI Number 65-0436414 Applied For Not Applicable			
Zip	Country	Country Zip C		Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	ed Agent	-	Name	7. Name and Address of New Registered Agent				
CARLOS ALBERTO SILVA SANTISTEBAN 14474 SW 174 TERRACE MIAMI FL 33177					Street Address (P.O. Box Number is Not Acceptable)				
					City			L Zip Cod	
the obliga		and title if ap			id Office of regist		05.23 DAT	3 · 0 ≤	
FILE NOW: FEE IS \$61.25 9. Election Campaign F Due By May 1, 2005 Trust Fund Contribut					· •	\$5.00 May Be Added to Fees	Florida Dep		State
10.	ÖFFICERS AND DI	RECTORS	□ Delete	11. TITLE		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN Change	1 10 Addition
NAME STREET ADDRESS CITY-ST-ZIP	SILVA-SANTISTEBAN, CARLOS A 14474 SW 174 TERRA SW MIAMI FL 33177	LBERTO		NAME STREE	4				<u></u> -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REIMUNDO, ALVAREZ J 9540 SW 36 ST B MIAMI FL 33165	÷	☐ Delete		1			- Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBERTO, SUARES 2712 NW 29 AVE MIAMI FL 33186		☐ Delete		T ADDRESS ST-ZIP	05	U0000036875 5/31/05-80015	□ Change 5 -006 75.1	☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D BERNATEAU, JACQUES P.O BOX 524211 MIAMI FL 33152	·_	Delete					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVILA, JUAN P.O BOX 524211 MIAMI FL 33152	<u> </u>	☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		T ADDRESS ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with lon this report or supplemental report is reporation or the receiver or trustee emp , or on an attachment with an address,	s true and owered to	accurate and that mexecute this report	ny signati as require	iira chall hawa tha	a same legal effect as l	t made linder date: Ibai	r i am an onicer	or director

SIGNATURE: SIGNATURE AND TYPES THE MAME OF SIGNING OFFICER OR DIRECTOR

05-23-05 786.333-7456
Daysing Phone #

FILED