
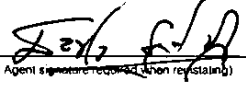


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90002 019 \*\*\*\*61.25

DOCUMENT # N93000004865			
1. Entity Name MARRANO SEPHARDIC JEWISH CHURCH, INC.			
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 14474 SW 174 TERRACE - Suite, Apt. #, etc.		3. Mailing Address 14474 SW 174 TERRACE Suite, Apt. #, etc.	
City & State Miami - Florida		City & State Miami - Florida	
Zip 33177	Country U.S.A.	Zip 33177	Country USA
6. Name and Address of Current Registered Agent CARLOS ALBERTO SILVA SANTISTEBAN 14474 SW 174 TERRACE MIAMI, FL 33177		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	FL
Zip Code		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 <u>CARLOS SILVA-SANTISTEBAN</u>		 (NOTE: Registered Agent signature required when reinstating)	DATE <u>09-03-06</u>
Filing Fee is \$61.25 Due by September 6, 2006		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	PD SILVA-SANTISTEBAN, CARLOS ALBERTO 14474 SW 174 TERRACE SW MIAMI, FL 33177 <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	V REIMUNDO, ALVAREZ J 9540 SW 36 ST B MIAMI, FL 33165 <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	T ALBERTO, SUARES 2712 NW 29 AVE MIAMI, FL 33186 <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	D BERNATEAU, JACQUES P.O BOX 524211 MIAMI, FL 33152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Andrea Tergent 6135 SW 129th MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVILA, JUAN P.O BOX 524211 MIAMI, FL 33152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Zelmira Cardenas 14474 SW 174 Terr MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>CARLOS SILVA</u>		Date <u>09-03-06</u>	Daytime Phone # <u>786-357-6200</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

40103300



08312006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-0436414 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required