2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # N93000004 O SEPHARDIC JEWISH C		09-11-2006 90002 019 ****61.25				
Principal Plac 1712 W FLAC MIAMI, FL 3	GLER ST	4010	40103556				
14474		3. Mailing Address	74 Terra				
Suite, Apt.	· 	Suite, Apt. #, etc.			Chg-NP	CR2E037 (4/06)	
City & Stat	i - Florida	City & State MIOM: - F	lorida	4. FEI Number 65-04364	14		pplied For ot Applicable
33177	Country 4. 6 A -	2ip 23177	Country 45 A	5. Certificate of S	Status Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	N	7. Name and Ad	dress of New I	Registered Agent	
CARLOS ALBERTO SILVA SANTISTEBAN 14474 SW 174 TERRACE Street Address (F					Not Acceptable	le)	
MIAMI, FL					· · · · · · · · · · · · · · · · · · ·		
	* *** ***	City			FL Zip Coo	de	
	named entity submits this statement for	or the purpose of changing its	s registered office or reg	istered agent, or both, i	n the State of Fl	lorida. I am familiar with	and accept
the obligat	tions of registered agent.			/ / 0			
SIGNATURE .	CADDS SI/VA-SI Signature, typed or printed name of registered agent	ANTISTESAN and late of another along the state of the sta	TE: Registered Agent signature re	, f.,	D	9-0:3-06	
			IL. Negatorea rigent signature re	down (Sheristand)			
D	Filing Fee is \$61.25 ue by September 6, 2006	9. Election Ca	mpaign Financing Contribution.	\$5.00 May Be Added to Fees		Make check payable in rida Department of S	
D (Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DII	9. Election Ca Trust Fund	mpaign Financing	Added to Fees	Flo		State
10. TITLE	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DII	9. Election Ca Trust Fund	mpaign Financing Contribution. 11. THE	Added to Fees	Flo	rida Department of S	State
10.	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DII	9. Election Ca Trust Fund	mpaign Financing Contribution.	Added to Fees	Flo	rida Department of S ERS AND DIRECTORS II	N 10
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indicated on this report or supplied with this filling 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 57/VA

09-03-06 Date

786.357-6200

Daytime Phone #