

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90036 038 ****70.00

DOCUMENT # N93000004865	
1. Entity Name MARRANO SEPHARDIC JEWISH CHURCH, INC.	

Principal Place of Business 14474 SW 174 TERRA MIAMI, FL 33177 US	Mailing Address 14474 SW 174 TERRA MIAMI, FL 33177 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

40000000

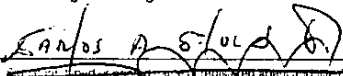


03102008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0436414	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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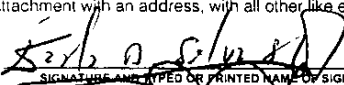
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  CARLOS SILVA SANTISTEBAN 03-26-08
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 TERRA SW MIAMI, FL 33177 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REIMUNDO, ALVAREZ J 9540 SW 36 ST B MIAMI, FL 33165 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition FRANCOIS DE VAUX-DUMAS DE FOLETIER 14474 SW 174 TERRA SW MIAMI FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBERTO, SUARES 2712 NW 29 AVE MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERGENS, ANDREA 6135 SW 129 PL MIAMI, FL 33183 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TERGENS, ANDREA 14474 SW 174 TERRAS MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARDENAS, ZELNIRA 14474 SW 174 TERR MIAMI, FL 33177 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition CARDENAS, ZELMIRA 14474 SW 174 TERRAS MIAMI FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  CARLOS ALBERTO SILVA SANTISTEBAN 03-26-08 786-3876000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #