


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90021 023 ****61.25

DOCUMENT # N93000005195 1. Entity Name FIRST SHOMRIM OF FLORIDA, INC.	
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Principal Place of Business 700 SW 137TH AVENUE APT. 309 PEMBROKE PINES FL 33027	Mailing Address 700 SW 137TH AVENUE APT. 309 PEMBROKE PINES FL 33027
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0451903	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

94052120

6. Name and Address of Current Registered Agent SHUMAN, HARRY 700 SW 137 AVE #309 PEMBROKES PINE FL 33027	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATSOFF, HERMAN 1151 SW 128 TERRACE PEMBROKE PINES FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOBEL, JOSEPH 8605 NW 59 PLACE TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUMAN, HARRY 700 SW 139 AVE PEMBROKES PINE FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMANUEL, ABROMOWITZ 7309 SOUTH DEVON DRIVE TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEVINE, HARRY 2901 NW 48TH AVE LAUDERDALE LAKES FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUPTMAN, HARRY 1152 CAMBRIDGE CR DEERFIELD BCH FL 33442

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BATSOFF, HERMAN 1151 SW 128 TERRACE PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Harry Shuman* **4/8/04** **(954)442-4638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #