


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

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90071 040 ****61.25

DOCUMENT # N93000005195
 1. Entity Name
FIRST SHOMRIM OF FLORIDA, INC.



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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country: U.S.
 Zip: Country


 1st MOORE CR2E037 (10/04)
 4. FEI Number: 65-0451903
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: _____

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, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PATSOFF, HERMAN	
STREET ADDRESS	1151 SW 128 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOBEL, JOSEPH	
STREET ADDRESS	8605 NW 59 PLACE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHUMAN, HARRY	
STREET ADDRESS	700 SW 139 AVE	
CITY-ST-ZIP	PEMBROKES PINE FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMANUEL, ABROMOWITZ	
STREET ADDRESS	7309 SOUTH DEVON DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LEVINE, HARRY	
STREET ADDRESS	2901 NW 48TH AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUPTMAN, HARRY	
STREET ADDRESS	1152 CAMBRIDGE CR	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATSOFF, HERMAN	
STREET ADDRESS	115 S.W. 128 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another filer employed.

SIGNATURE: HARRY SHUMAN 2/26/05 (954) 442-4638
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #