


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90186 026 \*\*\*\*61.25

**DOCUMENT # N93000005195**

1. Entity Name  
**FIRST SHOMRIM OF FLORIDA, INC.**



Principal Place of Business      Mailing Address

**700 SW 137TH AVENUE  
APT. 309  
PEMBROKE PINES FL 33027  
US**

**700 SW 137TH AVENUE  
APT. 309  
PEMBROKE PINES FL 33027  
US**

**50001319**



1st MOORE      CR2E037 (10/05)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0451903**      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 HARRY SHUMAN TREASURER

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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	GATSOFF, 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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY HAUPTMAN	
STREET ADDRESS	1152 CAMBRIDGE CR	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	1ST VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID WAKSMAN	
STREET ADDRESS	18820 N.E. 20 AVE	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
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	2ND VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN FRANKLIN	
STREET ADDRESS	8718 THAMES RIVER DRIVE	
CITY-ST-ZIP	BOLA RATON, FL 33433	
TITLE	SGT. AT ARMS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEL WAXMAN	
STREET ADDRESS	9501 N.W. 31 PLACE	
CITY-ST-ZIP	SUNRISE FL 33351	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: HARRY SHUMAN      2-27-06 (954)442-4628