


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90192 031 \*\*\*\*61.25

<b>DOCUMENT # N93000005195</b>		
1. Entity Name FIRST SHOMRIM OF FLORIDA, INC.		
Principal Place of Business 700 SW 137TH AVENUE APT. 309 PEMBROKE PINES, FL 33027 US		Mailing Address 700 SW 137TH AVENUE APT. 309 PEMBROKE PINES, FL 33027 US
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 65-0451903		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04082007 Chg-NP CR2E037 (12/06)
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
SHUMAN, HARRY 700 SW 137 AVE #309 PEMBROKES PINE, FL 33027		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP WAKSHAN, DAVID 18820 NORTHEAST 20 AVENUE NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>AVP WAKSHAN</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP FRANKLIN, ALLAN 8718 THAMES RIVER DRIVE BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUMAN, HARRY 700 SW 139 AVE PEMBROKES PINE, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMANUEL, ABROMOWITZ 7309 SOUTH DEVON DRIVE TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAA WAYMAN, MEL <input checked="" type="checkbox"/> Delete 8501 NORTHWEST 31 PLACE SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>SAA SPIEGEL JACK</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>6051 LAFALNA LANE DELRAY BCH. FL. 33484</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAUPTMAN, HARRY <input type="checkbox"/> Delete 1152 CAMBRIDGE CR DEERFIELD BCH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>HARRY SHUMAN Harry Shuman</i> 4/16/07 954-442-4438 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		