

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 28, 2009
Secretary of State**

DOCUMENT# N93000005195

Entity Name: FIRST SHOMRIM OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0451903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUMAN, HARRY
700 SW 137 AVE #309
PEMBROKES PINE, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: AVP () Delete
Name: WEISER, LOUIS
Address: 7725 YARDLEY DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: 2VP () Delete
Name: FRANKLIN, ALLAN
Address: 8718 THAMES RIVER DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: T () Delete
Name: SHUMAN, HARRY
Address: 700 SW 139 AVE
City-St-Zip: PEMBROKES PINE, FL 33027

Title: D () Delete
Name: EMANUEL, ABROMOWITZ
Address: 7309 SOUTH DEVON DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: SAA () Delete
Name: SPIEGEL, JACK
Address: 6051 LAPALMA LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: P () Delete
Name: WAKSMAN, DAVID
Address: 18820 NE 20 AVE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FINKELSTEIN, MARTIN
Address: 12424 54TH CT
City-St-Zip: CORAL SPRINGS, FL 33076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY SHUMAN

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03/28/2009

Electronic Signature of Signing Officer or Director

_____ Date