


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

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N94000002680 1. Entity Name TORAS EMES DEVELOPMENT COMPANY, INC.	
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Principal Place of Business 1051 N. MIAMI BEACH BLVD. NORTH MIAMI BEACH, FL 33162	Mailing Address 1025 MIAMI GARDENS DR NORTH MIAMI BEACH, FL 33179
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0494823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DR ALLAN JACOB
536 W 47 ST
MIAMI BEACH, FL 33140

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEHRFIELD, MOSHE RABBI 1310 NE 173 ST N MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACOB, ALLAN DR 536 W 47 ST MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEPPARD, TUVIA DR. 4350 N JEFFERSON AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAIT, BENTZION RABBI 665 NE 175 ST N. MIAMI BEACH, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUBAN, BINYOMIN RABBI 930 NE 175 STREET MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NIMAN, YISROEL RABBI 4595 NAUTILUS CT MIAMI BEACH, FL 33140

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05/23/07-80088-002.61.25

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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:  4/21/07 305-944-5344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #