

**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.



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**



04272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0494823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(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 33162**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
LUBAN, BINYOMIN RABBI
930 NE 175 STREET
MIAMI, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
NIMAN, YISROEL RABBI
4595 NAUTILUS CT
MIAMI BEACH, FL 33140**

U000000757815
05/23/07-80088-002.61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/07

Date

305-444-5344

Daytime Phone #