

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000107

FILED
May 13, 2009
Secretary of State

Entity Name: BETH HAMIDRASH MAGEN AVRAHAM, INC.

Current Principal Place of Business:

745 NE 179TH TERRACE
NORTH MIAMI, FL 331621134 US

New Principal Place of Business:

Current Mailing Address:

745 NE 179TH TERRACE
NORTH MIAMI, FL 331621134 US

New Mailing Address:

FEI Number: 65-0713187 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BITTON, AVRAHAM
745 NE 179TH TERRACE
NORTH MIAMI, FL 331621134 US

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: PD () Delete
Name: BITTON, ABRAHAM
Address: 745 NE 179TH TERRACE
City-St-Zip: NORTH MIAMI, FL 331621134 US

Title: SD () Delete
Name: EDRI, IRIS
Address: 12321 NW 29TH PLACE
City-St-Zip: SUNRISE, FL 33323

Title: VD () Delete
Name: BITTON, SOLANGE
Address: 745 NE 179TH TERRACE
City-St-Zip: NORTH MIAMI, FL 331621134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BITTON, AVRAHAM
Address: 745 NE 179TH TERRACE
City-St-Zip: NORTH MIAMI, FL 331621134 US

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: AVRAHAM BITTON

PD

05/13/2009

Electronic Signature of Signing Officer or Director

Date