2007 NOT-FOR-PROFIT CORPORATION

FILED Anr 16. 2007 08:00 AN ate

ANNUAL REPORT				_	Secretary of Ste		
1. Entity Nam	MENT # N9600000020 GATION BINAI EMUNAH GRO		· '1, ·.	Secr	etary of Sta		
	W DRIVE CONTRACTOR OF THE CONT	iailing Address C/O JACK SILVERMAN 100 BAYVIEW DRIVE SUNNY ISLES, FL 33160					
D	O NOT WRITE II	CE	03232007 No Chg-NP CR2E037 (4/06) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S 317 - 17ST STREET MIAMI BEACH, FL 33141				IN TH	OT WRIT	E	
8. The above harned 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, hipsed 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	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP ITTLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	OFFICERS AND DIRECT PD RAKOWSKI, HENRY 10101 COLLINS AVE #7F BAL HARBOUR, FL 33154 VD SILVERMAN, JACK 100 BAYVIEW DRIVE NORTH MIAMI BEACH, FL 33160 TD FOX. LEONARD 100 BAYVIEW DRIVE NORTH MIAMI BEACH, FL 33160	CTORS		,	IOT WRIT		
CITY-ST-ZIP TITLE NAME STREET ADDRESS			-	n	0000007101 4/25/07-8003	11 30-013 61.25	

12. Thereby certify that the information supplied with this filling 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: _

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #