


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000000207	
1. Entity Name CONGREGATION B'NAI EMUNAH GROUP, INC.	

Principal Place of Business 100 BAYVIEW DRIVE NORTH MIAMI BEACH, FL 33160	Mailing Address C/O JACK SILVERMAN 100 BAYVIEW DRIVE SUNNY ISLES, FL 33160
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0667051	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 PIOTRKOWSKI, JOEL S 317 - 17ST STREET MIAMI BEACH, FL 33141
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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAKOWSKI, HENRY 10101 COLLINS AVE #7F BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILVERMAN, JACK 100 BAYVIEW DRIVE NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOX, LEONARD 100 BAYVIEW DRIVE NORTH MIAMI BEACH, FL 33160
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02/06/08-80070-010 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *[Signature]* **DATE** 1/28/08 **Daytime Phone #** (305) 940-2012