2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N96000005650

Entity Name: MATANAH B'SESSER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1340 NE 171 ST
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

1340 NE 171 ST
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 65-0705354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, JACK
16855 NE 2ND AVE., STE. 303
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: LEVIN, RABBI D
Address: 1975 ALTON RD APT. 7
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: BURR, RABBI Y
Address: 2931 SHERIDAN AVE. APT. 10
City-St-Zip: MIAMI BEACH, FL 33140

Title: PT ( ) Delete
Name: DUDOVITZ, HILLEL
Address: 1340 NE 171 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete
Name: PALGON, RABBI M
Address: 17601 NE 7TH AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HILLEL DUDOVITZ PT 03/22/2009

Electronic Signature of Signing Officer or Director — Date