

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000717

FILED  
Mar 07, 2007  
Secretary of State

**Entity Name:** SHAARE EZRA SEPHARDIC CONGREGATION, INC.

**Current Principal Place of Business:**

945 41ST ST  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

945 41ST ST  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 65-0736858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALIMIDI, YOSEF D.  
945 41ST ST  
MIAMI BEACH, FL 33140 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: TV ( ) Delete  
Name: BEHAR, SALVADOR  
Address: 4500 ADAMS AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: TS ( ) Delete  
Name: RAHMANI, STEVEN  
Address: 4141 NAUTILUS DR., #2G  
City-St-Zip: MIAMI BEACH, FL 33140

Title: TP ( ) Delete  
Name: EZEKIEL, STEVEN  
Address: 4454 N MERIDIAN AVE  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TV (X) Change ( ) Addition  
Name: OZ, MICHAEL  
Address: 427 WEST 45TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: TP (X) Change ( ) Addition  
Name: WARSHAVSKY, MOSHE  
Address: 4574 N. MICHIGAN AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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: GALIMIDI, YOSEF

D.

03/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date