2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003692

FILED May 04, 2004 Secretary of State

Entity Name: PHILOSOPHICAL AND SPIRITUAL UNIVERSITY, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	RTH BAY ROA ACH, FL 33160				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	RTH BAY ROA ACH, FL 33160				
FEI Number	: 65-0847800	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
17720 NO MIAMI BEA The above	OCH, RABBI M RTH BAY ROA ACH, FL 33160 e named entity se e of Florida.	D, PHA)	ourpose of changing its register	ed office or registered agent, or both,	
CICNIATI	DC:				
SIGNATU					
SIGNATU		ic Signature of Registered Ag		Date	
	Electror S AND DIREC PD () BENARROCH,	TORS: Delete RABBI MARC BAY ROAD, PHA			
DFFICER Title: lame: laddress: City-St-Zip: Title: lame: laddress:	Electron S AND DIREC PD () BENARROCH, 17720 NORTH MIAMI BEACH, VPD () BENARROCH,	Delete RABBI MARC BAY ROAD, PHA FL 33160 Delete MATHILDE BAY ROAD, PHA	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
OFFICER Fitle: Name: Address:	Electron S AND DIREC PD () BENARROCH, 17720 NORTH MIAMI BEACH, VPD () BENARROCH, 17720 NORTH MIAMI BEACH, SD () BENARROCH,	Delete RABBI MARC BAY ROAD, PHA FL 33160 Delete MATHILDE BAY ROAD, PHA FL 33160 Delete UDEL BAY ROAD, PHA	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Name: Address:	Electron S AND DIREC PD () BENARROCH, 17720 NORTH MIAMI BEACH, TD () MUALEM, EZR	Delete RABBI MARC BAY ROAD, PHA FL 33160 Delete MATHILDE BAY ROAD, PHA FL 33160 Delete JOEL BAY ROAD, PHA FL 33160 Delete JOEL BAY ROAD, PHA FL 33160 Delete JOEL BAY ROAD, PHA FL 33160	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RABBI MARC BENARROCH PD 05/04/2004	PD 05/04/2004
---	---------------