## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 02, 2006 08:00 AM DOCUMENT # N98000006578 Secretary of State 1. Entity Name AMERICAN SEPHARDIC FEDERATION, INC. SOUTH FLORIDA CHAPTER Principal Place of Business Mailing Address 10185 COLLINS AVENUE SUITE 307 10185 COLLINS AVENUE SUITE 307 BAL HARBOUR FL 33154 BAL HARBOUR FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt, #, etc 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0898099 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERSTER, HOWARD Street Address (P.O. Box Number is Not Acceptable) 20620 22 CT N MIAMI BEACH FL 33180 City Zip Code 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 INOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable **\$5.00** May Be Make Check Payable to FILE NOW: FEE 1S \$61.25 9. Election Campaign Financing Trust Fund Contribution, Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. σĺ ☐ Change Addis ☐ Delete TITLE TITLE FRANCO, ARMANDO NAME NAME 1/00000415842 10185 COLLINS AVE. #307 STREET ADDRESS STREET ADDRESS 02/11/06-80097-019 61.25 CHY-SI-DE BAL HARBOUR FL 33154 CITY-ST-ZIP ☐ Change ☐ Addition Oelete TITLE TITLE FERSTER, HOWARD NAME NAME STREET ADDRESS STREET ADDRESS 20620 22 COURT NORTH MIAMI BEACH, FL 33180 CITY-ST-ZIF C)TY - ST - 732 TITLE.\_ ☐ Change Admin . Delete TITLE NAME ELIAS, URI DR NAME 18181 NE 31ST CT., APT 2108 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Adder Delete TITLE TITLE NAME NAME SALTI, JAIME 290 174 ST APT 1219 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 CITY-ST-ZIF ☐ Delete TITLE ☐ Change □ At! "" TETLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ A·A·" ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

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