

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006578

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** AMERICAN SEPHARDIC FEDERATION, INC. SOUTH FLORIDA CHAPTER

**Current Principal Place of Business:**

10185 COLLINS AVENUE SUITE 307  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

10185 COLLINS AVENUE SUITE 307  
BAL HARBOUR, FL 33154

**New Mailing Address:**

**FEI Number:** 65-0898099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERSTER, HOWARD  
20620 22 CT  
N MIAMI BEACH, FL 33180 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: FRANCO, ARMANDO  
Address: 10185 COLLINS AVE. #307  
City-St-Zip: BAL HARBOUR, FL 33154

Title: D ( ) Delete  
Name: FERSTER, HOWARD  
Address: 20620 22 COURT  
City-St-Zip: NORTH MIAMI BEACH,, FL 33180

Title: D ( ) Delete  
Name: ELIAS, URI DR  
Address: 18181 NE 31ST CT., APT 2108  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T ( ) Delete  
Name: SALT, JAIME  
Address: 290 174 ST APT 1219  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: P ( ) Delete  
Name: OJALVO, JOSE  
Address: 9559 COLLINS AVE #1002  
City-St-Zip: SURFSIDE, FL 33154

**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:

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: ARMANDO FRANCO

D

01/30/2009

Electronic Signature of Signing Officer or Director

Date