


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P33441**

1. Entity Name  
**THE AMERICAN FRIENDS OF BEIT ISSIE SHAPIRO, INC.**



Principal Place of Business  
**200 WEST 57TH ST.  
609  
NEW YORK, NY 10019 US**

Mailing Address  
**200 WEST 57TH ST.  
SUITE 1003  
NEW YORK, NY 10019 US**

**DO NOT WRITE IN THIS SPACE**



07092007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**13-3434781**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TG MANAGEMENT, INC.  
4000 ISLAND BLVD., NORTH  
MIAMI BEACH, FL 33160**

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUMP, EDDIE 4000 ISLAND BLVD., N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUMP, JULIUS 4000 ISLAND BLVD., N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUMP, STEPHANIE 4000 ISLAND BLVD., N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODES, MARK 200 WEST 57TH STREET SUITE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIEB, JAMES M. 4000 ISLAND BL. N. MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000771517  
08/07/07-80006-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **8/2/07** DAYTIME PHONE #: **212-586-2464**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR