

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004088

Entity Name: SHEMA ISRAEL INTERNATIONAL YESHIVA, INC.**Current Principal Place of Business:**7879 PINES BLVD.
SUITE 104
PEMBROKE PINES, FL 33024**Current Mailing Address:**7879 PINES BLVD.
SUITE 104
PEMBROKE PINES, FL 33024 US**FEI Number: 55-0867637****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOFFMAN, MANUEL D
4970 E. SABAL PALM BLVD.
APT. 209
TAMARAC, FL 33319 US*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**Officer/Director Detail :**

Title	PD
Name	GOFFMAN, MANUEL D
Address	4970 E. SABAL PALM BLVD. APT. 209
City-State-Zip:	TAMARAC FL 33319

Title	SD
Name	GOFFMAN, ROSA A
Address	4970 E. SABAL PALM BLVD. APT.209
City-State-Zip:	TAMARAC FL 33319

Title	VD
Name	GOFFMAN, GABRIEL A
Address	601 NW 65 AV.
City-State-Zip:	MARGATE FL 33063

Title	ASST. SECRETARY
Name	VALDEZ, MARIA ELENA
Address	236 WIMBLEDON LAKE DR.
City-State-Zip:	PLANTATION FL 33324

Title	D
Name	VALVERDE, AUGUSTO
Address	2822 SW 25 ST
City-State-Zip:	MIAMI FL 33133

Title	D
Name	ALFANO, ALEXANDER J. DR.
Address	2655 LE JEUNE RD. 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	GOLDBERG, GUNTHER E. SR.
Address	13590 SW 134 AVE. SUITE 208
City-State-Zip:	MIAMI FL 33186

I hereby 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 all other like empowered.

SIGNATURE: ROSA GOFFMAN**SD****04/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date