

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005195

**FILED**  
**Jan 19, 2015**  
**Secretary of State**  
**CC3164576573**

**Entity Name:** FIRST SHOMRIM OF FLORIDA, INC.

**Current Principal Place of Business:**

6199 NW 10TH STREET  
MARGATE, FL 33063

**Current Mailing Address:**

P.O. BOX 8115  
POMPANO BEACH, FL 33075 US

**FEI Number:** 65-0451903

**Certificate of Status Desired:** No

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

WAKSMAN, DAVID  
6199 NW 10TH STREET  
1ST SHOMRIM OF FLORIDA  
MARGATE, FL 33063 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:** DAVID WAKSMAN

01/19/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           FINKELSTEIN, MARTIN  
Address        P.O. BOX 8115  
City-State-Zip:  POMPANO BEACH FL 33075

Title           SAA  
Name           WAXMAN, MEL  
Address        31ST PLACE  
City-State-Zip:  SUNRISE FL 33351

Title           PRESIDENT  
Name           WAKSMAN, DAVID  
Address        2801 NE 183RD STREET  
                  APT 1416W  
City-State-Zip:  MIAMI FL 33160-2132

Title           VP  
Name           LEBOWITZ, RAYMOND  
Address        6199 NW 10TH STREET  
City-State-Zip:  MARGATE FL 33063

Title           TREASURER, EMERITUS  
Name           ABROMOWITZ, EMANUEL  
Address        6199 NW 10TH STREET  
City-State-Zip:  MARGATE FL 33063

*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:** MARTIN FINKELSTEIN

**TREASURER**

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date