

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709512

FILED
Jun 19, 2007
Secretary of State

Entity Name: SKY LAKE SYNAGOGUE, INC.

Current Principal Place of Business:

1850 N.E. 183 STREET
N MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1850 N.E. 183 STREET
N MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 59-1106922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOFFMAN, MARTIN I
633 N.E. 167TH STREET
N. MIAMI BEACH, FL 33162 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: PD () Delete
Name: TANGIR, JACOB
Address: 19501 NE 15 COURT
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: V () Delete
Name: GROSSMAN, MICHEL
Address: 1901 NE 211 ST.
City-St-Zip: N MIAMI BCH, FL 33179

Title: S () Delete
Name: GARZON, ABRAHAM
Address: 1731 NE 198 TERRACE
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: T () Delete
Name: NIEFELD, SHERRI
Address: 18770 NE 21 AVENUE
City-St-Zip: N. MIAMI BEACH, FL 33179

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:

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: SHERRI NIEFELD

T

06/19/2007

Electronic Signature of Signing Officer or Director

_____ Date