

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 22, 2008
Secretary of State**

DOCUMENT# 709512

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 ()

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:**KLEINER, MARC I
19400 NE 23 AVE
NORTH MIAMI BEACH, FL 33180 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: MARC KLEINER

07/22/2008

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 33179Title: V () Delete
Name: SEIDL, PEDRO
Address: 19542 EMBASSY CT
City-St-Zip: N MIAMI BCH, FL 33179Title: T (X) Delete
Name: GARZON, ABRAHAM
Address: 1731 NE 198 TERRACE
City-St-Zip: N. MIAMI BEACH, FL 33179Title: S () Delete
Name: KLEINER, MARC
Address: 19400 NE 23 AVE
City-St-Zip: N. MIAMI BEACH, FL 33180Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: GROSSMAN, MICHELE
Address: 1901 NE 211 ST
City-St-Zip: N. MIAMI BEACH, FL 33179Title: VP (X) Change () Addition
Name: SEIDL, PEDRO
Address: 19542 EMBASSY CT
City-St-Zip: N MIAMI BCH, FL 33179Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Change (X) Addition
Name: MATALON, ROBERT
Address: 1701 NE 198 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: MICHELE GROSSMAN

PD

07/22/2008

Electronic Signature of Signing Officer or Director

Date