


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90082 002 \*\*\*\*61.25

<b>DOCUMENT # 718672</b> 1. Entity Name <b>TEMPLE SOLEL, INC.</b>					
Principal Place of Business <b>5100 SHERIDAN STREET HOLLYWOOD, FL 33021</b>			Mailing Address <b>5100 SHERIDAN STREET HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-7079611</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILEN, BARRY</b> <b>4601 SHERIDIAN STREET #208</b> <b>HOLLYWOOD, FL 33021</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ORENSTEIN, MICHAEL</b>		NAME		
STREET ADDRESS	<b>3420 N HILLS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MARCUS, JONATHAN</b>		NAME	<b>marcy Roberts</b>	
STREET ADDRESS	<b>5051 N 37TH STREET</b>		STREET ADDRESS	<b>3620 N 55th Ave.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>		CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALTSCHUL, MARIANNE</b>		NAME		
STREET ADDRESS	<b>10672 ZURICH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33026</b>		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>FARBSTAIN, DIANE</b>		NAME	<b>Vicki Stolberg</b>	
STREET ADDRESS	<b>4731 N. 35TH STREET</b>		STREET ADDRESS	<b>10392 Harrier Street</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>		CITY-ST-ZIP	<b>Plantation, FL 33324</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZELKO, ROBERT</b>		NAME		
STREET ADDRESS	<b>1021 S PARK RD #107</b>		STREET ADDRESS	<b>10711 London Street</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>		CITY-ST-ZIP	<b>Cooper City, FL 33026</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>SD martin Gerber</b>	
STREET ADDRESS			STREET ADDRESS	<b>98 Juniper Road</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(i), 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.					
<b>SIGNATURE: Robert Zelko Robert Zelko</b>			<b>2-2-05 (954) 985-8608</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		