

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 718672**

1. Entity Name  
TEMPLE SOLEL, INC.



Principal Place of Business  
5100 SHERIDAN STREET  
HOLLYWOOD, FL 33021

Mailing Address  
5100 SHERIDAN STREET  
HOLLYWOOD, FL 33021



01192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-7079611

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WILEN, BARRY  
4601 SHERIDIAN STREET #208  
HOLLYWOOD, FL 33021

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SCHUSTER, CARL
STREET ADDRESS	3650 N 36 AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VD
NAME	ROBERTS, MARCY
STREET ADDRESS	3620 NORTH 55TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VD
NAME	ALTSCHUL, MARIANNE
STREET ADDRESS	10672 ZURICH STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33026
TITLE	VD
NAME	STOLBERG, VICKI
STREET ADDRESS	10392 HARRIER STREET
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	TD
NAME	GERBER, MARTIN
STREET ADDRESS	98 JUNIPER ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	SD
NAME	ROBINSON, KENNETH
STREET ADDRESS	11625 NW 5 STREET
CITY-ST-ZIP	PLANTATION, FL 33325

U000000403717  
02/06/06-80018-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-06

(954) 989-0205