


**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.	
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Principal Place of Business 5100 SHERIDAN STREET HOLLYWOOD, FL 33021	Mailing Address 5100 SHERIDAN STREET HOLLYWOOD, FL 33021
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01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7079611	Applied For Not Applicable
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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 _____ (NOTE: Registered Agent signature required when registering) _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUSTER, CARL 3650 N 36 AVENUE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, MARCY 3620 NORTH 55TH AVENUE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALTSCHUL, MARIANNE 10672 ZURICH STREET HOLLYWOOD, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOLBERG, VICKI 10392 HARRIER STREET PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GERBER, MARTIN 98 JUNIPER ROAD HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, KENNETH 11625 NW 5 STREET PLANTATION, FL 33325

U00000403717
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:  1-20-06 (954) 989-0205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #