

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718672

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: TEMPLE SOLEL, INC.

**Current Principal Place of Business:**

5100 SHERIDAN STREET  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

5100 SHERIDAN STREET  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 23-7079611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILEN, BARRY  
4601 SHERIDIAN STREET #208  
HOLLYWOOD, FL 33021 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: ROBINSON, KENNETH  
Address: 11625 NW 5TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33325

Title: VD ( ) Delete  
Name: RCKARMAN, MELISSA  
Address: 3109 STIRLING RD STE 200  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD ( ) Delete  
Name: ALTSCHUL, MARIANNE  
Address: 10672 ZURICH STREET  
City-St-Zip: HOLLYWOOD, FL 33026

Title: VD ( ) Delete  
Name: STOLBERG, VICKI  
Address: 10392 HARRIER STREET  
City-St-Zip: PLANTATION, FL 33324

Title: TD ( ) Delete  
Name: GERBER, MARTIN  
Address: 98 JUNIPER ROAD  
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD (X) Delete  
Name: BARENS, JOANNA  
Address: 3541 N HILLS DR  
City-St-Zip: HOLLYWOOD, FL 33021

**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:

Title: SD (X) Change ( ) Addition  
Name: BARENS, JOANNA  
Address: 5100 SHERIDAN ST  
City-St-Zip: HOLLYWOOD, FL 33021

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: KENNETH ROBINSON

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date