## 2003 NOT-FOR-PROFIT CORPORATION

2. Principal Place of Business  Suite, April Place  City & State  PINKWASSER, ALAN  Series Address of Current Registered Agent  Name  PINKWASSER, ALAN  Series Address of Current Registered Agent  Name  PINKWASSER, ALAN  Series Address (P.O. Box Number is Next Acceptable)  Since Address (P.O. Box Number is Next Acceptable)  City  FL Zib Code  A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porise. I am familiar with, and accept the obbigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the obbigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the obbigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the obbigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the obbigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the obbigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the obbigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the obbigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the obbigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the obbigations of registered agent, or both, in the State of Porise. I am familiar with and accept the obbigations of registered agent, or both, in the State of Porise. I am familiar with and accept the obbigations of registered agent.  In the acceptance of the acceptance of the registered agent.  In the acceptance o	UI	MILOUM DOSIUE	:33 KEPURI	(U	DK)			3.90092.032 ***	
TALLAHASSEE, FLORIDA  TO SON MINDER PROCE OF Business  TO SON MINDER PROCE OF Business  TO SON MINDER PROCE OF Business  To SON APE, F. etc.  Chy & State  Chy & S	DOCU	MENT # N50168					03 AUG 1	+ PH 1: 56	
Sign Hudger Named Novab Sommon Beach R, 33497 Sign Sommon Beach R, 33497 Si	TEMPLE S	SHAAREI SHALOM INC.				 	SEURETAI TALLAHAS	RY GE STAFE SEE. FLORID	A
Sulte, Apt 1, etc.    CHECK HERE IF MAKING CHANGES	9085 HAGEN F	RANCH ROAD	9085 HAGEN RANCH ROAD BOYNTON BEACH FL 33437	<u> </u>		 	OFFICE CHEST CHEST TO	II ĜIBIJ BIJBIJ GIBIT BIJATA BRI	(1 <b>616</b> 14 16 <b>8</b> 2
City & State  Ci	2. Principal F	Place of Business	3. Malling Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Zip Country Zip Country S. Certificate of Status Departed S. 8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  PINKWASSER, ALAN 8231 MURRHEAD CIRCLE BDYNTON BEACH FL 33437  City FL Zio Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  The End Commission.  ARBANANEL, ARTHUR  ARBANANEL, ARTHUR  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33413  TITLE  VIR.  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33413  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33413  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33413  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33413  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33413  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33413  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33413  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33413  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33413  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33413  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33437  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33437  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33437  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33437  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33437  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33437  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33437  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33437  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33437  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33437  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEMB BACH FL 33437  TITLE  NAME  SIREST ADDRESS  SIGNATURE SEPTEM	Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF	MAKING CHANGES	
Even Regulators  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  PINKWASSER, ALAN  Sireat Address (PO Box Number is Not Acceptable)  Sireat Address (PO Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. I am lamiller with, and accept me obligations of registered agent, or both, in the State of Porida. I am lamiller with, and accept me obligations of registered agent, or both, in the State of Porida. I am lamiller with, and accept me obligations of registered agent.  SIGNATURE  Signature, typed or preser name or registered agent with a societie.  FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  After September 10, 2003, min will be \$236.25  After September 10, 2003, min will be \$236.25  Intel Fund Corribotion.  PIT  ABBAVANEL, ARTHUR  ABBAVANEL, AR	City & Sta	te	City & State			4. FEI Number 65-0347907 Applied For Not Applied For			
PINKWASSER, ALAN  8231 MURHEAD.CIRCLE BOYNTON BEACH FL 33437  City  FL Zip Code  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familia	Zlp	Country	Zip	Coun	itry	5. Certificate of St	atus Desired	S8.75 Add	ditional d
PINKWASSER, ALAN  8231 MURRHEAD, CIRCLE  BOYNTON BEACH FL 33/437  City  FL  Zip Code  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 Rorida. I am familiar with, and accept me obligations of registered agent.  SirgNATONE  SirgNATONE  FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  Trust Fund Contribution  ARRAVANEL, ARTHUR  ABRAVANEL, ARTHUR  ABRAVANEL, ARTHUR  ABRAVANEL, ARTHUR  ABRAVANEL, ARTHUR  ABRAVANEL, ARTHUR  ABRAVANEL, ARTHUR  ABRABOR LAKE CI  CITY-ST-2P  WEST PALM BEACH FL 33/413  TRIE  VIR.  V		6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Reg	stered Agent	
BEST MURRHEAD CIRCLE BOYNTON BEACH FL 33437  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligation of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligation of registored agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registored agent, in the State of Plorida Plorida.  Inter Submit Agent of Plorida					Name				
Entry appears on the purpose of changing its registered office or registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligation of the purpose of changing its registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligation of the purpose of changing its registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligation of the purpose of changing familiar with, and accept the obligation of the purpose of changing familiar with, and accept the purpose of changing familiar with accept the purpose of changing familiar with, and accept the purpose of changing familiar with, and accept the purpose of c	8231 MU	RHEAD CIRCLE	مېسىرى <u>ت</u> ى را <sup>ىسى</sup> دارا		Street Address (	P.O. Box Number is f	Not Acceptable)		
B. 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 ismiliar with, and accept the obligations of registered agent.  SIGNATURE  SUBMIT TO PROVIDE THE PROJECT AGENT	BOYNTO	N BEACH FL 33437	City					FI Zip Cod	e
THE HARBOUR LAKE CI BUTTOST-72P BOYNTON BEACH FL 33437 THE BUTTOST FROM STREET ADDRESS BOYNTON BEACH FL 33437 THE BOYNTON BEACH F			<u> </u>						
Delete TITLE NAME ABRAVANEL, ARTHUR ABRAVANEL, ARTHUR 168 HARBOR LAKE CI CITY-ST-2P WEST PALM BEACH FL 33413  Delete TITLE NAME STREET ADDRESS TREET ADDRESS	After Sep	tember 10, 2003, min will be \$2	36.25 Trust Fund Co	ontributio	n.	Added to Fees	Florida	Department of S	State
ABRAVANEL, ARTHUR 188 HARBOR LAKE CI STRET ADDRESS STRET A									
Delete TITLE NAME BLESHMAN, JANET STREET ADDRESS STREET ADDRESS TOTS BRUNSWICK CIRCLE BOYNTON BEACH FL 33437  DELET ADDRESS TOTS BRUNSWICK CIRCLE BOYNTON BEACH FL 33437  DELET ADDRESS TOTS BRUNSWICK CIRCLE BOYNTON BEACH FL 33437  DELET ADDRESS TOTS BRUNSWICK CIRCLE BOYNTON BEACH FL 33437  DELET ADDRESS TOTS BRUNSWICK CIRCLE BOYNTON BEACH FL 33437  DELET ADDRESS TOTS BRUNSWICK CIRCLE BOYNTON BEACH FL 33437  DELET ADDRESS TOTS BRUNSWICK CIRCLE BOYNTON BEACH FL 33437  DELET ADDRESS TOTS BRUNSWICK CIRCLE BOYNTON BEACH FL 33437  DELET ADDRESS THEET ADDRESS THE ADDRESS TOTS STREET ADDR	MAME Street address City-St-Zip	ABRAVANEL, ARTHUR 166 HARBOR LAKE CI	Delete	NAME STREET	ADDRESS 70	OFOR LEN 15 BRUNSA YNYON BEA	WICK CIA	rcle 33 437	
TITLE 1VP  DOCTOR, LEWIS  TOTS BRUNSWICK CIRCLE  STREET ADDRESS  TOTS BRUNSWICK CIRCLE  STREET ADDRESS  TOTS BRUNSWICK CIRCLE  STREET ADDRESS  CITY-ST-ZIP  BOYNTON BEACH FL 33437  TITLE  NAME  KABINOFF, RICHARD  STREET ADDRESS  CITY-ST-ZIP  BOYNTON BCH FL 33437  TOTLE  RS  TOTLE  ROSOFF, MYRNA  TOTLE  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TOTLE  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  TOTLE  TOTL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR Bleshman, Janet 9954 Harbour Lake Ci	Detete	NAME STREET	ADDRESS 700	OCF, NYRA 9 BITTEN	sa Pla	ece '	Addition
Delete TITLE RS DELETADORESS CITY-ST-ZIP BOYNTON BEACH FL 33437  Delete TADORESS CITY-ST-ZIP BOYNTON BCH FL 33437  DELETADORESS CITY-ST-ZIP BOYNTON BCH FL 33437  DELETADORESS CITY-ST-ZIP BOYNTON BCH FL 33437  DELETADORESS CITY-ST-ZIP BOYNTON BEACH FL 33437  DELETADORESS CITY-ST-ZIP CHECK WORTH, FL 334467  DELETADORESS CITY-ST-ZIP CHECK WORTH, FL 34467  DELETADORESS CITY-ST-ZIP CHECK WORTH	TITLE NAME STREET ADDRESS	1VP DOCTOR, LEWIS		TITLE NAME	ADDRESS 7.2	LOWE JOH	an Driv	□ Change	Addition
CITY-ST-ZIP  BOYNTON BCH FL 33437  TITLE  RS  ROSOFF, MYRNA  STREET ADDRESS  TOTUS  TOTUS  ROSOFF, MYRNA  STREET ADDRESS  CITY-ST-ZIP  BOYNTON BEACH FL 33437  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYNTON BEACH FL 33437  TITLE  TANICK, DONALD  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  2 409 N. W. 32 245 Street  STREET ADDRESS  2 409 N. W. 32 245 Street  TITLE  STREET ADDRESS  TREET ADDR	CITY-ST-ZIP TITLE NAME	3VP KABINOFF, RICHARD	Delete,	, TITLE NAME	380	VP	ONNA	Change	Addition
NAME ROSOFF, MYRNA STREET ADDRESS 7019 BITTERBUSH PLACE CITY-ST-ZIP BOYNTON BEACH PL 33437  TITLE TTR  LATNICK, DONALD STREET ADDRESS TREET AD	CITY-ST-ZIP	BOYNTON BCH FL 33437		CITY-S	1-ZIP 100 1	rayuead	-L, H.	33443	
TITLE TTR LATNICK, DONALD LATNICK, DONALD STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  2 4 9 N. W. 32 2 5+rest  STREET ADDRESS  2 4 9 N. W. 32 2 5+rest	NAME STREET ADDRESS CITY-ST-ZIP	ROSOFF, MYRNA 7019 BITTERBUSH PLACE	L) Lieleste	name Street	ADORESS G 43	nsûd.SEL 10 Breck 4e Wort	enr/ag	e Circle	LAL Addition
CITY-SI-ZIP BOYNTON BEACH FL 33438 CITY-SI-ZIP BOCA RANCON, 4L 33+31	TITLE NAME STREET ADDRESS	ITTR LATNICK, DONALD		NAME STREET	ADDRESS 2	tod N. M.	3 L = 27	reet	Addition
	CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-S	-ZIP B	oca Raxor	1,46 :	33431	}

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: ZSIGDITATE REGUREDO CTOP