



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 737982 1. Entity Name TEMPLE BETH EMET, INC.						FILED 06 SEP 18 AM 8:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4807 S. FLAMINGO ROAD COOPER CITY, FL 33330 US				Mailing Address 4807 S. FLAMINGO ROAD COOPER CITY, FL 33330 US			
2. Principal Place of Business		3. Mailing Address				09142006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 59-1707916				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STRAUS, ARNOLD M. JR. 10081 PINES BLVD STE C PEMBROKE PINES, FL 33024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 15, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EPSTEIN, DAVID			NAME	STRAUS, SKIP		
STREET ADDRESS	4807 S FLAMINGO RD			STREET ADDRESS	10081 PINES BLVD, STE C		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330			CITY-ST-ZIP	PEMBROKE PINES, FL 33024		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STRAUS, SKIP			NAME	GABNITSKY, HAROLD		
STREET ADDRESS	10081 PINES BLVD, STE C			STREET ADDRESS	4807 S. FLAMINGO RD		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			CITY-ST-ZIP	COOPER CITY, FL 33330		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VP/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILESTONE, JAN			NAME	BARRETT, RACHEL		
STREET ADDRESS	11001 PALMETTO WAY			STREET ADDRESS	4807 So. FLAMINGO RD		
CITY-ST-ZIP	COOPER CITY, FL			CITY-ST-ZIP	Cooper City, FL		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SZNAJDERMAN, EDUARDO			NAME	HACKER, BRAD		
STREET ADDRESS	2515 AMBASSADOR AVE			STREET ADDRESS	4807 S. Flamingo Rd. Cooper City, FL		
CITY-ST-ZIP	COOPER CITY, FL 33026			CITY-ST-ZIP	Cooper City, FL 33330		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOSEPH ISA			NAME	MANDEL, MINA		
STREET ADDRESS	10109 NW 3RD CT			STREET ADDRESS	4807 S. Flamingo Rd.		
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP	Cooper City, FL 33330		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAM, GRAY			600080029526 09/21/06--01032--007 **61.25			
STREET ADDRESS	10173 SW 49TH PL						
CITY-ST-ZIP	COOPER CITY, FL 33328						
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: <i>Skip Straus</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				SKIP STRAUS		9-14-06	
				Date		954-431-7000	
				Daytime Phone		709/20	