

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000195

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: ADAT ACHIM SYNAGOGUE, INC.

## Current Principal Place of Business:

231 174TH ST  
#1002  
SUNNY ISLES BEACH, FL 33160

## New Principal Place of Business:

## Current Mailing Address:

231 174TH ST  
#1002  
SUNNY ISLES BEACH, FL 33160

## New Mailing Address:

FEI Number: 20-8122662      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CUKIERKORN, CELSO  
231 174TH ST  
#1002  
SUNNY ISLES BEACH, FL 33160 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: P ( ) Delete  
Name: CUKIERKORN, CELSO  
Address: 16850-112 COLLINS AVE #255  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: S ( ) Delete  
Name: SCHERER, ANA  
Address: 1800 S. OCEAN DR. #1105  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: T ( ) Delete  
Name: PRUSKY, CESAR  
Address: 2851 N.E. 183RD ST. #314  
City-St-Zip: AVENTURA, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SOLOMON, LEAH  
Address: 2771 NE 164 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T (X) Change ( ) Addition  
Name: MONTERO, RONALD E  
Address: 13920 SW 127 CT  
City-St-Zip: MIAMI, FL 33186

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: CELSO CUKIERKORN

PRES

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date