
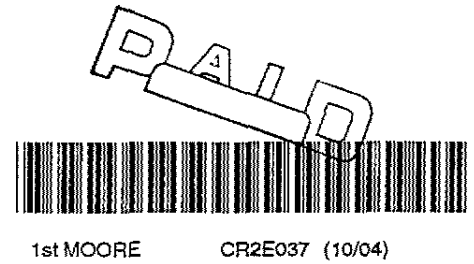


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 701428 1. Entity Name TEMPLE MENORAH INC.		
Principal Place of Business 620 75TH ST MIAMI BEACH FL 33141 US		Mailing Address 620 75TH ST MIAMI BEACH FL 33141 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country		4. FEI Number 59-0737893
6. Name and Address of Current Registered Agent KRATZ, RIVEN 620 75TH STREET MIAMI BEACH FL 33141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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: <i>Riven Kratz</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required DATE: Feb 08/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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		U00000225502 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/11/05-80042-015 61.25
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: P NAME: EJENBAUM, MAURICIO <input type="checkbox"/> Delete STREET ADDRESS: 2450 N.E. 135TH STREET, #409 CITY-ST-ZIP: N. MIAMI FL 33181	TITLE: T NAME: KRATZ, RIVEN <input type="checkbox"/> Delete STREET ADDRESS: 9009 EMERSON AVE CITY-ST-ZIP: BAY HARBOR FL 33154	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: LANES, ROSALIND <input type="checkbox"/> Delete STREET ADDRESS: 5965 PINETREE DR CITY-ST-ZIP: MIAMI BEACH FL 33140	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Riven Kratz* Feb 08/2005 (305) 846-0221
Signature and typed or printed name of signing officer or director Date Daytime Phone #