


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90459 036 ****61.25

DOCUMENT # 708337
 1. Entity Name
TEMPLE BETH TOV, AHAVAT SHALOM, INC.



Principal Place of Business
 6438 SW 8TH STREET
 WEST MIAMI, FL 33144 US

Mailing Address
 POST OFFICE BOX 440226
 WEST MIAMI, FL 33144 US

40091589



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01312007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-2228600

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 GONZALEZ, ROBERTO
 6246 SW 136TH CT #107
 MIAMI, FL 33183

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ROBERTO	
STREET ADDRESS	6246 SW 136TH CT #107	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SANDLER, BENNO	
STREET ADDRESS	6319 SW 187TH CT	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FERTIG, JACK	
STREET ADDRESS	6656 TISANO DR	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KORBRITZ, DOROTHY	
STREET ADDRESS	5802 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SWEENEY, SHIRLEY	
STREET ADDRESS	3731 SW 2ND ST	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1 st VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2 ND VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLOTTE KLIEMAN	
STREET ADDRESS	6921 SW 99 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Benno Sandler* - BENNO SANDLER 4/24/07 *786-223-7157*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #