

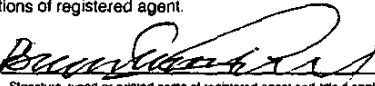
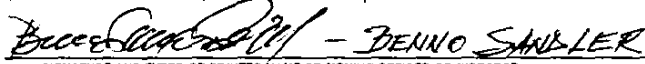


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90003 015 ****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		40112686 	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		07292008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2228600	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
GONZALEZ, ROBERTO 6246 SW 136TH CT #107 MIAMI, FL 33183				7. Name and Address of New Registered Agent	
				Name BENNO SANDLER	
				Street Address (P.O. Box Number is Not Acceptable) 6319 SW 127th CT	
				City MIAMI FL Zip Code 33183	
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 				DATE 7-30-08	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 12, 2008		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ROBERTO		NAME	BENNO SANDLER	
STREET ADDRESS	6246 SW 136TH CT #107		STREET ADDRESS	6319 SW 127th CT	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI FL 33183	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete	TITLE	I V P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, BENNO		NAME	CHARLES BERK	
STREET ADDRESS	6319 SW 187TH CT		STREET ADDRESS	25100 SW 14th AVE	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLIEMAN, CHARLOTTE		NAME		
STREET ADDRESS	9921 SW 99 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORBRITZ, DOROTHY		NAME		
STREET ADDRESS	5802 CORAL WAY		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, SHIRLEY		NAME		
STREET ADDRESS	37312 W. 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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				DATE: 7-30-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 786-233-7757	