

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 15, 2005
Secretary of State**

DOCUMENT# 711312

Entity Name: TEMPLE JUDEA

Current Principal Place of Business:

5500 GRANADA BLVD.
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5500 GRANADA BLVD.
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-0791048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, SUZIN
5500 GRANADA BLVD
CORAL GABLES, FL 33146 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: SIMON, GARY
Address: 6465 S W 110 ST.
City-St-Zip: MIAMI, FL 33156

Title: VT () Delete
Name: LASH, ALICE
Address: 9405 SW 68 CT
City-St-Zip: MIAMI, FL 33129

Title: VP () Delete
Name: SILVER, SUSAN
Address: 13451 SW 57 CT
City-St-Zip: MIAMI, FL 33156

Title: T () Delete
Name: KRAMER, JIM
Address: 6655 SW 98 STREET
City-St-Zip: MIAMI, FL 33156

Title: VPT () Delete
Name: BULBIN, NEIL
Address: 5718 SW 49 CT
City-St-Zip: MIAMI, FL

Title: FS () Delete
Name: LEVEY, MARTHA
Address: 13120 SW 63 AVENUE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: SILVER, SUSAN
Address: 10650 SW 67 COURT
City-St-Zip: MIAMI, FL 33156

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

Title: VPT (X) Change () Addition
Name: BULBIN, NEIL
Address: 4651 SW 64 COURT
City-St-Zip: MIAMI, FL 33155

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY SIMON

Electronic Signature of Signing Officer or Director

PRES

03/15/2005

Date