

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727369

FILED
Jan 08, 2008
Secretary of State

Entity Name: TEMPLE SAMU-EL OR OLOM, INC.

Current Principal Place of Business:

10680 SW 113 PL
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10680 SW 113 PL
MIAMI, FL 33176

New Mailing Address:

FEI Number: 23-7346131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVINE, MARTIN E
8900 SW 107 AVE
SUITE 206
MIAMI, FL 331761451 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: D () Delete
Name: SHLACHTMAN, MICHAEL
Address: 13135 SW 107 ST
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: ZOBERG, STEVEN
Address: 10430 SW 138 STREET
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: ROSENBLOOM, HOWARD
Address: 7901 SW 147 COURT
City-St-Zip: MIAMI, FL 33193

Title: PD () Delete
Name: TOBOLOWSKY, DAVID
Address: 9601 SW 123 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: SLOTNICK, MICHAEL
Address: 10340 SW 96 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: WEIL, ELLEN
Address: 13241 SW 105 STREET
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: DAVID TOBOLOWSKY

PD

01/08/2008

Electronic Signature of Signing Officer or Director

Date