



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90045 033 \*\*\*\*61.25

<b>DOCUMENT # 728527</b>					
1. Entity Name TEMPLE B'NAI ZION, INC.					
Principal Place of Business 200-178TH ST. MIAMI BEACH, FL 33160			Mailing Address 200-178TH ST. MIAMI BEACH, FL 33160		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1522574	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRANCO, ISAAC 3200-N HIBISCUS DR MIAMI BEACH, FL 33139			Name Street Address (P.O. Box Number is Not Acceptable) 330 NORTH HIBISCUS DRIVE 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANCO, ISAAC		NAME		
STREET ADDRESS	330 N HIBISCUS DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	<del>COBO</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>LEVIN, PETER</del>		NAME	COBO	
STREET ADDRESS	<del>231-174TH APT 4608</del>		STREET ADDRESS	TURETSKY, IRVING	
CITY-ST-ZIP	<del>SUNNY ISLES BEACH, FL 33160</del>		CITY-ST-ZIP	290-174 STREET #2309	
TITLE	1VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME	GASSON, SAM		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	17800 ATLANTIC BLVD., #614		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<del>MASTERS, JOSEPH</del>		NAME	ADAR, AMRAM	
STREET ADDRESS	<del>230-174TH STREET, #1117</del>		STREET ADDRESS	200-178 STREET	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME	FREUNDLICH, IDA		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	231-174TH ST. APT. 2402		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		
TITLE	<del>SD</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>LEW, BETH</del>		NAME	SD	
STREET ADDRESS	<del>10370 COLLINS AVENUE, #409</del>		STREET ADDRESS	LANKLEY, MINA	
CITY-ST-ZIP	<del>SUNNY ISLES BEACH, FL 33160</del>		CITY-ST-ZIP	200-178 STREET	
				SUNNY ISLES BEACH, FL 33160	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		Isaac Franco President		3/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50030402



03042005 Chg-NP CR2E037 (10/03)