
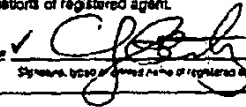
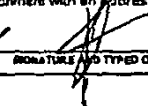


**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90204 020 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 728527</b>			
1. Entity Name <b>TEMPLE B'NAI ZION, INC.</b>			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>FRANCO-ISAAC 330 NORTH HIGHWAY MIAMI BEACH, FL 33139</b>		7. Name and Address of New Registered Agent Name <input checked="" type="checkbox"/> <b>Gertz, Christopher</b> <i>(Current Address for all communications is also acceptable)</i> <b>1100 SE 11th Ct.</b> City <b>Ft Lauderdale.</b> FL Zip Code <b>33316</b>	
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 (together with, and accept the obligations of) registered agent.			
SIGNATURE <input checked="" type="checkbox"/> 		DATE <b>4.19.07</b>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>FRANCO-ISAAC</b>	NAME		
STREET ADDRESS <b>330 NORTH HIGHWAY</b>	STREET ADDRESS		
CITY-STATE-ZIP <b>MIAMI BEACH, FL 33139</b>	CITY-STATE-ZIP		
TITLE <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>COBO</b>	NAME <b>COBO</b>		
STREET ADDRESS <b>220-174 STREET #300</b>	STREET ADDRESS <b>FELDMAN PAUL</b>		
CITY-STATE-ZIP <b>SUNNY ISLES BEACH, FL 33160</b>	CITY-STATE-ZIP <b>407 LINCOLN ROAD</b>		
	<b>MIAMI BEACH, FL 33139</b>		
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>1VPO</b>	NAME		
STREET ADDRESS <b>GASSON SAM</b>	STREET ADDRESS		
CITY-STATE-ZIP <b>17800 ATLANTIC BLVD., #614</b>	CITY-STATE-ZIP		
	<b>SUNNY ISLES BEACH, FL 33160</b>		
TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>2VPO</b>	NAME <b>ADAR</b>		
STREET ADDRESS <b>200-173 STREET</b>	STREET ADDRESS <b>AMRAM ADAR</b>		
CITY-STATE-ZIP <b>SUNNY ISLES BEACH, FL 33160</b>	CITY-STATE-ZIP <b>3722 NE 199 ST.</b>		
	<b>AVENUE, FL 33180</b>		
TITLE <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>ID</b>	NAME <b>TO</b>		
STREET ADDRESS <b>FRUNDLICH,IDA</b>	STREET ADDRESS <b>LANKAY, ANHAN</b>		
CITY-STATE-ZIP <b>233-134TH ST-APT. 2402</b>	CITY-STATE-ZIP <b>20016 N. G 36 PLACE</b>		
	<b>AVENUE, FL 33180</b>		
TITLE <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>S</b>	NAME		
STREET ADDRESS <b>LANKAY, MINDY</b>	STREET ADDRESS		
CITY-STATE-ZIP <b>200-170 STREET</b>	CITY-STATE-ZIP		
	<b>SUNNY ISLES BEACH, FL 33160</b>		
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, without other like empowerment.			
SIGNATURE: <input checked="" type="checkbox"/> 		DATE <b>4-19-07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR		DATE	

40081807



04192007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1522574

6. Certificate of Status Desired  \$8.75 Additional Fee Required

SIGNATURE:  

DATE **4-19-07**