

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730148

FILED  
May 05, 2008  
Secretary of State

**Entity Name:** B'NAI SEPHARDIM SHAARE SHALOM OF HOLLYWOOD, INC.

**Current Principal Place of Business:**

3670 STIRLING ROAD  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3670 STIRLING ROAD  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 23-7420141      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ALCHEK, FRED  
1524 N.W. 182ND AVENUE  
PEMBROKE PINES, FL 33029      US

**Name and Address of New Registered Agent:**

ALCHEK, FRED  
1524 N.W. 182ND AVENUE  
PEMBROKE PINES, FL 33029      US

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: FRED ALCHEK

05/05/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ANIDJAR, SAMUEL  
Address: 3670 STIRLING RD  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VPD      ( ) Delete  
Name: LEVY, STEVE Z  
Address: 3670 STIRLING RD  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: T      ( ) Delete  
Name: ANIDJAR, ISAAC  
Address: 3670 STIRLING RD  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S      ( ) Delete  
Name: AFRIAT, ELIE  
Address: 3670 STIRLING RD  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VT      ( ) Delete  
Name: LEVY, LEON  
Address: 3670 STIRLING RD  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VS      ( ) Delete  
Name: MATALON, VICTOR  
Address: 3670 STIRLING RD  
City-St-Zip: FORT LAUDERDALE, FL 33312

**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: SAMUEL ANIDJAR

MR

05/05/2008

Electronic Signature of Signing Officer or Director

Date