

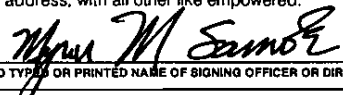


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90068 004 ****61.25

DOCUMENT # 753605					
1. Entity Name CONGREGATION SHAARE TEFILLAH OF KENDALL, INC.					
Principal Place of Business 7880 S.W. 112TH ST., MIAMI, FL 33156		Mailing Address 7880 S.W. 112TH ST., MIAMI, FL 33156			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2016749	
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		
SAMOLE, MYRON PRES. 7880 SW 112TH STREET MIAMI, FL 33156			Name MYRON M. SAMOLE		
			Street Address (P.O. Box Number is Not Acceptable) 4700 S. DIXIE HWY, SUITE 1030		
			City MIAMI FL Zip Code 33156		
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 2/22/05	
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	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, MICHAEL		NAME		
STREET ADDRESS	7880 S.W. 112TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELS, MICHAEL		NAME		
STREET ADDRESS	7880 S.W. 112 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, MARIA		NAME		
STREET ADDRESS	7880 S.W. 112 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MYRON M. SAMOLE	
STREET ADDRESS			STREET ADDRESS	7880 SW 112 ST	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RULLY MOSKOVITZ	
STREET ADDRESS			STREET ADDRESS	7880 SW 112 ST	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JEFF FINK	
STREET ADDRESS			STREET ADDRESS	7880 SW 112 ST	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33156	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 				DATE 2/22/05	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 305 670 5070	