

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 12, 2005
Secretary of State

DOCUMENT# 766351

Entity Name: TEMPLE ARON HAKODESH, INC.**Current Principal Place of Business:**TEMPLE ARON HAKODESH
4751 NW 24TH CT
LAUDERDALE LAKES, FL 33313**New Principal Place of Business:****Current Mailing Address:**TEMPLE ARON HAKODESH
4751 NW 24TH CT
LAUDERDALE LAKES, FL 33313**New Mailing Address:****FEI Number:** 59-2256255**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KOELNER, HARVEY
4751 N.W. 24TH CT.
LAUDERDALE LAKES, FL 33313 US**Name and Address of New Registered Agent:**LASH, NEIL
4751 N.W. 24TH CT.
LAUDERDALE LAKES, FL 33313 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: NEIL LASH

10/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: KOELNER, HARVEY,
Address: 5317 MYRTLE TERR.
City-St-Zip: PLANTATION, FLTitle: DT () Delete
Name: KLINDWORTH, ARLENE
Address: 4751 N. W. 24 CT.
City-St-Zip: LAUDERDALE LAKES, FL 33313 FLTitle: DV () Delete
Name: LASH, NEIL,
Address: 1310 NW 76 AVE
City-St-Zip: FORT LAUDERDALE, FL 33322Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DT (X) Change () Addition
Name: CREGAR, JONATHAN
Address: 6314 NW 74 AVE.
City-St-Zip: TAMARAC, FL 33321 USTitle: DS (X) Change () Addition
Name: KLINDWORTH, ARLENE
Address: 4751 N. W. 24 CT.
City-St-Zip: LAUDERDALE LAKES, FL 33313 FLTitle: DP (X) Change () Addition
Name: LASH, NEIL,
Address: 1310 NW 76 AVE
City-St-Zip: FORT LAUDERDALE, FL 33322Title: D () Change (X) Addition
Name: VITKUS, JOE
Address: 7230 N.W. 44TH COURT
City-St-Zip: LAUDERHILL, FL 33319 USTitle: D () Change (X) Addition
Name: CITELLI, PETER
Address: 7580 BUCHANAN ST.
City-St-Zip: HOLLYWOOD, FL 33024 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NEIL LASH

DP

10/12/2005

Electronic Signature of Signing Officer or Director

Date