


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

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000006281</b> 1. Entity Name NEW SYNAGOGUE OF PALM BEACH, INC.	
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Principal Place of Business ROYAL POINCIANA PLAZA SUITE 70-A PALM BEACH, FL 33480	Mailing Address 777 S FLAGLER DR SUITE 1700, WEST TOWER WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**



03062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1049785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BLANK, REUVEN 333 SUNSET AVENUE APT. 203 PALM BEACH, FL 33480
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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000677220 03/20/07-80095-020-61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BLANK, REUVEN 333 S SUNSET AVENUE APT 203 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARES, DIANA 1200 MANOR DRIVE SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, AARON 235 SUNRISE AVE #1101 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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, with all other like empowered.

**SIGNATURE:** Diana Mares **3/19/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #