


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90002 016 \*\*\*\*70.00

**DOCUMENT # N03000006721**

1. Entity Name  
**CONGREGATION TEHILLAT HASHEM, INC.**



Principal Place of Business  
**1970 N.W. 178TH TERRACE  
PEMBROKE PINES FL 33029**

Mailing Address  
**1970 N.W. 178TH TERRACE  
PEMBROKE PINES FL 33029**

**J4U0000J**



MOORE CR2E037 (4/04)

2. Principal Place of Business  
**16800 NW 83rd place**

3. Mailing Address  
**8004 NW 154th St**

Suite, Apt. #, etc.  
**# 181**

City & State  
**Miami Lakes FL**

City & State  
**Miami Lakes, FL**

4. FEI Number  
**33-1067191**

Applied For  
 Not Applicable

Zip  
**33016**

Country  
**USA**

Zip  
**33016**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~WEISS, MENDEL~~  
**1970 N.W. 178TH TERRACE  
PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name  
**WEISS, MENDEL**

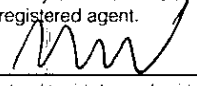
Street Address (P.O. Box Number is Not Acceptable)  
**16800 NW 83rd place**

City  
**Miami Lakes**

City  
**FL**

Zip Code  
**33016**

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  **Mendel Weiss** DATE **8/16/04**

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

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Asst. Director (D)	Tzippy Weiss	8004 NW 154th St. # 181	Miami Lakes, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President (P)	MR. EVANESER GARCIA	18487 Pembroke Pines FL 33029		<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE - PRESIDENT (VP)	ISAAC BRUK	1160 SW 154th terrace	Pembroke Pines FL 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 **8/16/04** DAYTIME PHONE # **754-244-2162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR