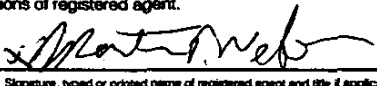
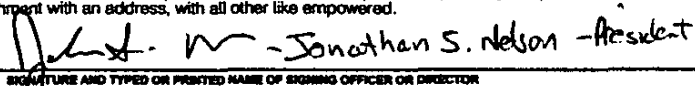


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90247 004 ****61.25

DOCUMENT # N03000008832 1. Entity Name CONGREGATION BETH JACOB, INC.					
Principal Place of Business 311 WASHINGTON AVE MIAMI BEACH, FL 33139			Mailing Address 311 WASHINGTON AVE MIAMI BEACH, FL 33139		
2. Principal Place of Business 2400 PINE TREE DR.		3. Mailing Address 2400 PINE TREE DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami Beach FLA		City & State Miami Beach FLA		4. FEI Number 59-0637826	
Zip 33140		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, MARTIN 635 11TH ST #1 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		MARTIN WEBER		1/18/06	
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, JONATHAN 11520 N BAYSHORE DR MIAMI, FL 33181	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TERRICK, MURRAY 350 COLLINS AVE #308 MIAMI BEACH, FL 33139	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KREVAT, SOL H 15945 NW 82 CT MIAMI LAKES, FL 33016	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALKIN, JOAN 611 86TH ST MIAMI BEACH, FL 33141	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, BERNARD JUDGE 7441 WAYNE AVE #7B MIAMI BEACH, FL 33141	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, HENRY DR 6390 SW 69TH ST MIAMI, FL 33143	☐ Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/18/06 Daytime Phone #: 305-505-6259					