2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # N07000002217** 02-21-2008 90028 041 ****70.00 TEMPLE KOL ISRAEL, INC. Principal Place of Business Mailing Address **508 SOUTH MILITARY TRAIL** 6607 VIA REGINA DEERFIELD BEACH, FL 33442 BOCA RATON, FL 33428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 01-0888047 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROZENBERG, ARIE Street Address (P.O. Box Number is Not Acceptable) 508 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442 City 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May 8e Make check payable to П Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees # OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE (22) Change Addition ☐ Delete ABRAHAMI, DAVID NAME ABRAHAMI, DAVID NAME 7791 LA CORNICHE CIRCLE 5851 HOLMBERG ROAD, APT 412 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33067 CITY-ST-7IP BOCA RATON, FL 33433 TITLE Delete TITLE ☐ Change ☐ Addition LASTOFSKY, DARREN NAME NAME STREET ADDRESS 10037 LEXINGTON ESTATES BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL 33428 ROZENBERG, PHYCLIS 6607 VIA REGINA TITLE Delete TITI F **∠**Change ☐ Addition NAME ROZENBERG, PHYLLIS 23466 SW 57TH AVE, APT 506 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CUTY-ST-71P BUCA RATION, FL 33433 ☐ Delete TITLE ☐ Change ☐ Addition TITLE TEITLEBAUM ROZANNE NAME NAME STREET ADDRESS STREET ADDRESS 5851 HOLMBERG ROAD, APT 412 CITY-ST-ZIP PARKLAND, FL 33067 CUTY-ST-ZIP O Oelete TILE. M Addition MLE ☐ Change **BLOOM, ERWIN RABB!** NAME NAME 13 TOLEDO COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33324** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SILVERMAN, ROBERT REV NAME NAME STREET ADDRESS 11705 NE 11TH PLACE STREET ADDRESS **BISCAYNE PARK, FL 33161** CITY-ST-ZIP

12. Thereby 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 receivet 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 charged, or on an attactment syttygin address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTING HAME OF BIGHANG OFFICER OR DIRECTOR

Seb 19/08

561-929-2776

FILED

Feb 21, 2008 8:00 am