

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2008
Secretary of State**

DOCUMENT# N07000005558

Entity Name: CONGREGATION MISHKAN SHLOMO, INC.

Current Principal Place of Business:

200 178TH STREET
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

200 178TH STREET
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANKRY, AARON
20016 NE 36TH PLACE
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LENKRY, AARON
Address: 20016 NE 36TH PLACE
City-St-Zip: AVENTURA, FL 33180

Title: V () Delete
Name: FELDMAN, PAUL
Address: 407 LINCOLN ROAD #701
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: FENSTER, GEDALIA
Address: 19555 NE 37TH AVE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AARON LENKRY

P

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date