

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90256 016 ****61.25

DOCUMENT # N10513

1. Entity Name
CONGREGATION STAR OF ISRAEL, INC.



Principal Place of Business
**3201 COLLINS AVENUE
MIAMI BEACH, FL 33140-4023**

Mailing Address
**4434 N BAY RD
MIAMI BEACH, FL 33140-4023 US**

50018985



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2588976

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BERKOWITZ, ABBEY
3201 COLLINS AVE
MIAMI BEACH, FL 33140**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE PD
NAME BERKOWITZ, STEVEN
STREET ADDRESS 4300 N MERIDIAN AVE
CITY-ST-ZIP MIAMI BEACH, FL ☐ Delete

TITLE VD
NAME ABBEY BENKOWITZ
STREET ADDRESS 4434 N BAY RD
CITY-ST-ZIP MIAMI BEACH, FL ☐ Delete

TITLE TD
NAME FURST, MARTY
STREET ADDRESS 4434 N BAY RD
CITY-ST-ZIP MIAMI BEACH, FL ☒ Delete

TITLE TD
NAME Yeshayn Goss
STREET ADDRESS 4434 N Bay Rd
CITY-ST-ZIP Miami FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

4/26/06 305-531-3441
Date Daytime Phone #