


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

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90039 046 \*\*\*\*61.25

<b>DOCUMENT # N25919</b> 1. Entity Name <b>CONGREGATION BETH-EL OF MIAMI BEACH, INC.</b>	
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Principal Place of Business <b>2400 PINE TREE MIAMI BEACH FL 33140 US</b>	Mailing Address <b>2400 PINE TREE MIAMI BEACH FL 33140 US</b>
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**71061000**



MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0098928</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	
<b>WASSERMAN, MARTIN 960 ARTHUR GODFREY RD SUITE 401 MIAMI BEACH FL 33140</b>	

<b>7. Name and Address of New Registered Agent</b>	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete <b>PAUL, ALEX</b>
NAME	<b>2525 PINE TREE DRIVE</b>
STREET ADDRESS	<b>MIAMI BEACH FL</b>
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete <b>SAND, JULIUS</b>
NAME	<b>4101 PINE TREE DRIVE</b>
STREET ADDRESS	<b>MIAMI BEACH FL 33140</b>
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete <b>SILVERMAN, BEN</b>
NAME	<b>6391 N. BAY ROAD</b>
STREET ADDRESS	<b>MIAMI BEACH FL 33141</b>
CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete <b>WASSERMAN, MARTIN</b>
NAME	<b>960 ARTHUR GODFREY RD</b>
STREET ADDRESS	<b>MIAMI BEACH FL 33140</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Paul Alex Paul* Date: 3/31/04 Daytime Phone #: 305-538-9608