


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N44007 1. Entity Name THE WILLIAMS ISLAND SYNAGOGUE, INC.	
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Principal Place of Business 2000 ISLAND BLVD. AVENTURA, FL 33160	Mailing Address 4000 ISLAND BLVD PH4 AVENTURA, FL 33160
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0277345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUMP, STEPHAINE 4000 ISLAND BLVD., PH2 N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATUS, ALAN 7900 ISLAND BOULEVARD NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISHER, HENRY 3000 ISLAND BLVD #2701 NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUMP, JULIUS 4000 ISLAND BLVD, PH2 NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/14/05-80044-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Stephanie Trump 1-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #