

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 OCT 23 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials



10102006 Chg-NP CR2E037 (4/06)

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # N44007 | | | | | |
| 1. Entity Name THE WILLIE AND CELIA TRUMP SYNAGOGUE, INC. | | | | | |
| Principal Place of Business 2000 ISLAND BLVD. AVENTURA, FL 33160 | | | Mailing Address 20801 BISCAYNE BLVD. SUITE 307 AVENTURA, FL 33180 | | |
| 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 65-0277345 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| METSCH, LAWRENCE R ESE 20801 BISCAYNE BLVD., #307 AVENTURA, FL 33180 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete RICHTMANN, ALEX 2000 ISLAND BLVD. AVENTURA, FL 33160 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Lawrence Metsch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 20801 Biscayne Blvd. Unit 307 Aventura, Florida | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete TRUMP, JULES 2000 ISLAND BLVD. AVENTURA, FL 33160 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400081400364 10/31/06--01079--022 **\$66.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete TRUMP, STEPHANIE 2000 ISLAND BLVD. AVENTURA, FL 33160 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete LEWINGER, NATHAN 2000 ISLAND BLVD. AVENTURA, FL 33160 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete LEWIN, ISRAEL 2000 ISLAND BLVD. AVENTURA, FL 33160 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Israel Lewin/ President <input type="checkbox"/> Change <input type="checkbox"/> Addition 2000 Island Blvd. Aventura, Florida 33160 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete TABACINIC, JOSE 2000 ISLAND BLVD. AVENTURA, FL 33160 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ✓vp <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tabacinic, Jose 2000 Island Blvd., Aventura, Fl 33160 | |
| 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, or in any other like empowered. | | | | | |
| SIGNATURE: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |