2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44007

FILED May 25, 2009 Secretary of State

Entity Name: THE WILLIE AND CELIA TRUMP SYNAGOGUE, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	ND BLVD.				
S-329 NVENTUR	RA, FL 33160	US			
urrent M	lailing Addres	s:	New Maili	ng Address:	
000 ISLAI	ND BLVD.				
:-329 .VENTUR	RA, FL 33160	US			
	: 65-0277345	FEI Number Applied For () FEI	Number Not Appl	licable () Certificate of Status Desired ()	
		3(2)(b), F.S., the corporation did not recei urrent Registered Agent:		e. Address of New Registered Agent:	
	LAWRENCE F			, , , , , , , , , , , , , , , , , , ,	
0801 BIS	CAYNE BLVD	(LOQ			
07 VENTUR	RA, FL 33180 (JS			
	named entity s e of Florida.	submits this statement for the purpos	se of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Agent		Date	
FFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
itle: ame: ddress: ity-St-Zip:	P () METSCH, LAWI 3000 ISLAND B AVENTURA, FL	LVD., #S-329	Title: Name: Address: City-St-Zip:	() Change () Addition	
	,	Delete	Title:	() Change () Addition	
itle: ame: ddress: ity-St-Zip:	TABACINIC, JO 3000 ISLAND B AVENTURA, FL	SE LVD., S-329	Name: Address: City-St-Zip:	() Change () Addition	
ame: ddress:	TABACINIC, JÓ 3000 ISLAND B AVENTURA, FL	SE LVD., S-329 33160 US Delete ROLINE LVD., S-329	Name: Address:	() Change () Addition	
ame: ddress: ity-St-Zip: itle: ame: ddress:	TABACINIC, JÓ 3000 ISLAND B AVENTURA, FL VP () GURLAND, CAF 3000 ISLAND B AVENTURA, FL	SE LVD., S-329 33160 US Delete ROLINE LVD., S-329 33160 US Delete PH LVD., S-329	Name: Address: City-St-Zip: Title: Name: Address:		
ame: ddress: ity-St-Zip: ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	TABACINIC, JÓ 3000 ISLAND B AVENTURA, FL VP () GURLAND, CAF 3000 ISLAND B AVENTURA, FL VP () SINGER, JOSE 3000 ISLAND B AVENTURA, FL	SE LVD., S-329 33160 US Delete ROLINE LVD., S-329 33160 US Delete PH LVD., S-329 33160 US Delete HARON LVD., S-329	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	

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: LAWRENCE R. METSCH PRES 05/25/2009