2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State
03-29-2007 90024 050 ****61.25

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1. Entity Name
CONGREGATION LEB"NAI ISRAEL BABA SALI INC.

Principal Place of Business	Mailing Address
851 N. NOB HILL RD. PLANTATION, FL 33324	2800 E. COMMERCIAL BLVD. SUITE 208 FT. LAUDERDALE, FL 33308

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01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0485553
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KATZ, ALLEN H
2800 E. COMMERCIAL BLVD.
SUITE 208
FT. LAUDERDALE, FL 33308

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMAR, CHARLES
STREET ADDRESS	401 N.W. 108TH AVENUE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	TD
NAME	MABARI, DAVID
STREET ADDRESS	10208 N.W. 28TH PLACE
CITY-ST-ZIP	SUNRISE, FL 33324
TITLE	SD
NAME	AMAR, JACKY I
STREET ADDRESS	10400 GOLDEN EAGELE CT
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ Amar Charles X 3/19/07 X 9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #