2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N93000001441

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

Current Principal Place of Business:

851 N. NOB HILL RD.
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

13900 S.JOG ROAD
#203-276
DELRAY BEACH, FL 33446

New Mailing Address:

175 W. CAMINO REAL
BOCA RATON, FL 33432

FEI Number: 65-0485553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZ, ALLEN H P.A.
13900 S. JOG ROAD
#203-276
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

HIRSCH AND COMPANY CPAS, INC.
175 W. CAMINO REAL
BOCA RATON, FL 33432 US

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.

SIGNATURE: DAVID HIRSCH 04/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AMAR, CHARLES
Address: 401 N.W. 108TH AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: TD ( ) Delete
Name: MABARI, DAVID
Address: 10208 N.W. 28TH PLACE
City-St-Zip: SUNRISE, FL 33324

Title: SD ( ) Delete
Name: AMAR, JACKY I
Address: 10400 GOLDEN EAGELE CT
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AMAR, CHARLES
Address: 401 N.W. 108TH AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLES AMAR P 04/02/2009
Electronic Signature of Signing Officer or Director Date