2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N95000001664

Entity Name: CONGREGATION AMCHAH, INC.

Current Principal Place of Business:

4175 NORTH PINE ISLAND ROAD (NW 88TH AVE)
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

P O BOX 24901
FORT LAUDERDALE, FL 33307

New Mailing Address:

FEI Number: 65-0572969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINER, LARRY RABBI
4175 N PINE ISLAND ROAD (NW 88TH AVE)
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MESSEROFF, ALEC
Address: 807 SW 119 WAY
City-St-Zip: DAVIE, FL 33325

Title: STD ( ) Delete
Name: WINER, BECKY
Address: 2801 NE 51ST STREET - APT 16
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete
Name: WINER, LARRY RABBI
Address: 2801 NE 51ST STREET - APT 16
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP (X) Delete
Name: NURIK, MARC
Address: 4175 N PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BECKY WINER STD 04/21/2009
Electronic Signature of Signing Officer or Director — Date