

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 12, 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:**4175 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351 US**Current Mailing Address:**P O BOX 24901
FORT LAUDERDALE, FL 33307**New Mailing Address:**4175 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351 US

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:**BREIT, RICHARD H
8551 W SUNRISE BLVD
STE 300
PLANTATION, FL 33322 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: RICHARD H. BREIT

06/12/2009

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 33325Title: STD () Delete
Name: WINER, BECKY
Address: 2801 NE 51ST STREET - APT 16
City-St-Zip: FORT LAUDERDALE, FL 33308Title: D () Delete
Name: WINER, LARRY RABBI
Address: 2801 NE 51ST STREET - APT 16
City-St-Zip: FORT LAUDERDALE, FL 33308Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: MESSEROFF, ALEC
Address: 4175 NORTH PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351 USTitle: DV (X) Change () Addition
Name: BERMAN, ELEANOR
Address: 4175 NORTH PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351 USTitle: DS (X) Change () Addition
Name: ELLIS, HENRY
Address: 4175 NORTH PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351 USTitle: DT () Change (X) Addition
Name: KRANZ, ROBERTA
Address: 4175 NORTH PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351 US

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: ALEC MESSEROFF

P

06/12/2009

Electronic Signature of Signing Officer or Director

Date