


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002637</b> 1. Entity Name <b>CONGREGATION KAHAL PORTUGAL OF MIAMI BEACH, INC.</b>		
Principal Place of Business <b>3200 COLLINS AVENUE MIAMI BEACH, FL 33140</b>	Mailing Address <b>3200 COLLINS AVENUE MIAMI BEACH, FL 33140</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>KALCHMAN, CHARLES Z ESQ 2020 N.E. 163RD STREET SUITE 300 NORTH MIAMI BEACH, FL 33162</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	PD	
NAME	POLL, SOLOMON DR.	
STREET ADDRESS	3200 COLLINS AVENUE	
CITY-ST- ZIP	MIAMI BEACH, FL 33140	
TITLE	VD	
NAME	REICH, PETER	
STREET ADDRESS	3200 COLLINS AVENUE	
CITY-ST- ZIP	MIAMI BEACH, FL 33140	
TITLE	TD	
NAME	WEINREB, ALEXANDER	
STREET ADDRESS	3200 COLLINS AVENUE	
CITY-ST- ZIP	MIAMI BEACH, FL 33140	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any address, with all other like empowered.		
<b>SIGNATURE:</b> <i>Solomon Poll</i> <b>Solomon Poll</b> <i>1/8/04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0851044</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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