


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002637

1. Entity Name
CONGREGATION KAHAL PORTUGAL OF MIAMI BEACH, INC.



Principal Place of Business Mailing Address

3200 COLLINS AVENUE **3200 COLLINS AVENUE**
MIAMI BEACH, FL 33140 **MIAMI BEACH, FL 33140**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number: **65-0851044** Applied For: Not Applicable

5. Certificate of Status Desired: **\$2.75** Additional Fee Required

8. Name and Address of Current Registered Agent

KALCHMAN, CHARLES Z ESQ
2020 N.E. 183RD STREET
SUITE 300
NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

9. 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 date if applicable. (NOTE: Registered Agent signature required when relevant.)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPSHITZ, LJOVIG 3200 COLLINS AVENUE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REICH, PETER 3200 COLLINS AVENUE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEINREB, ALEXANDER Died October 2005 3200 COLLINS AVENUE MIAMI BEACH, FL 33140 Please delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000399584
 02/01/06-80017-020 61.25

DO NOT WRITE IN THIS SPACE

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: Peter Reich REICH, PETER Vice President 1/20/2006 305-534-0949

SIGNATURE AND TYPED OR PRINTED NAME OF SENIOR OFFICER OR DIRECTOR Date Copying Fee \$