2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# N00000000413

Entity Name: CHABAD OF KEY BISCAYNE, INC.

Current Principal Place of Business:

211 GREENWOOD DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

211 GREENWOOD DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0976033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: D ( ) Delete
Name: ELFENBEIN, PAMELA
Address: 6181 W. SUBURNAN DRIVE
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: CAROLINE, EMMA
Address: 9457 BYRON AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: D ( ) Delete
Name: CAROLINE, JOEL
Address: 9457 BYRON AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: D ( ) Delete
Name: COHEN, BARRY
Address: 111 S.W. 3RD ST PENT HOUSE
City-St-Zip: MIAMI, FL 33154

Title: D ( ) Delete
Name: SALVER, ISAAC
Address: 1111 KANE CONCOURSE, #211
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: CAROLINE, EMMA
Address: 211 GREENWOOD DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change ( ) Addition
Name: CAROLINE, JOEL
Address: 211 GREENWOOD DR
City-St-Zip: KEY BISCAYNE, FL 33149

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 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 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: JOEL CAROLINE D 06/30/2004

Electronic Signature of Signing Officer or Director — Date