# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 22, 2009**
**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 ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**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: | V | ( ) Delete |
| Name: | CAROLINE, EMMA | |
| Address: | 211 GREENWOOD DR | |
| City-St-Zip: | KEY BISCAYNE, FL 33149 | |
| Title: | P | ( ) Delete |
| Name: | CAROLINE, JOEL | |
| Address: | 211 GREENWOOD DR | |
| City-St-Zip: | KEY BISCAYNE, FL 33149 | |
| Title: | D | ( ) Delete |
| Name: | GOLDSTEIN, SANDRA | |
| Address: | 611 OCEAN DR. #2E | |
| City-St-Zip: | KEY BISCAYNE, FL 33149 | |
| Title: | D | ( ) Delete |
| Name: | SALVER, ISAAC | |
| Address: | 1111 KANE CONCOURSE, #211 | |
| City-St-Zip: | BAY HARBOR ISLANDS, FL 33154 | |
| Title: | D | ( ) Delete |
| Name: | GOLDSTEIN, STEVE | |
| Address: | 371 PALMWOOD LANE | |
| City-St-Zip: | KEY BISCAYNE, FL 33149 | |

**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: | |
| 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: JOEL CAROLINE P 06/22/2009

Electronic Signature of Signing Officer or Director — Date