

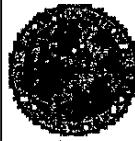
**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90275 001 ***122.50

DOCUMENT # N95000002437

1. Entity Name
CHAI OF AVENTURA, INC.



Principal Place of Business

**1948 NE 123RD STREET
NORTH MIAMI, FL 33181 US**

Mailing Address

**C/O STABBI A LIPSZYC
11650 NE 21 DR
MIAMI, FL 33181 US**

66003918



02222007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0586550

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAZARUS, DAVID M
18901 NE 29TH AVE.
STE. 100
AVENTURA, FL 33180**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2007**

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
**TD
SPALTER, YISREAL B
770 BOWMEN DR
FT. LAUDERDALE, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LIPSZYC, RIVKA
1033 OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LIPSZYC, RABBI A
11650 NE 21 DR
MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #