

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 30, 2005
Secretary of State**

DOCUMENT# 740596

Entity Name: CONGREGATION LUBAVITCH, INC.

Current Principal Place of Business:

1423 LENOX AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1423 LENOX AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1950020 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:

Name and Address of New Registered Agent:

MENDELSON, SHMUEL
17800 NE 9TH PLACE
NORTHMIAMI BCH, FL 33162 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDELSON, SHMUEL,
Address: 17800 NE 9TH PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

Title: TD () Delete
Name: BOSEM, ARIE
Address: 1231 13 STREET, #1
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: V () Delete
Name: KORF, ABRAHAM,
Address: 1257 ALTON RD
City-St-Zip: MIAMI BEACH, FL

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

Title: VS () Delete
Name: GOLOWINSKI, DAVID,
Address: 2929 N BAY RD
City-St-Zip: MIAMI BEACH, FL

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: SHMUEL MENDELSON

PD

05/30/2005

Electronic Signature of Signing Officer or Director

Date