

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 19, 2008  
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 ( )

**Name and Address of Current Registered Agent:**

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

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

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

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

**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:

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: SHMUEL MENDELSON

PD

02/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date