


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

3/ **FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90275 001 \*\*\*122.50

**DOCUMENT # N01000005258**

1. Entity Name  
**CHABAD LUBAVITCH OF NORTH MIAMI, INC.**



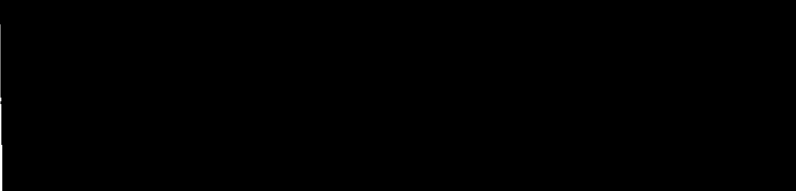
|  |  |
|--|--|
| Principal Place of Business<br>1948 NE 123 STREET SUITE 105<br>NORTH MIAMI, FL 33181 | Mailing Address<br>1948 NE 123 STREET SUITE 105<br>NORTH MIAMI, FL 33181 |
|--|--|

**66005433**



02222007 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1124450</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |



6. Name and Address of Current Registered Agent

**LIPSYC, RABBI A**  
**11650 NE 21 DR**  
**N. MIAMI, FL 33181**



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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LIPSYC, RABBI A<br>11650 NE 21 DR<br>N. MIAMI, FL 33181  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>LIPSYC, RIVKA<br>11650 NE 21 DR<br>N. MIAMI, FL 33181   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SPALTER, RABBI Y<br>770 BOWMAN DRIVE<br>WESTON, FL 33326 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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]* **A. Richard Lipsyc, PD** 3/15/07 305-892-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #