

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002535

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** CHABAD OF THE GABLES, INC.

**Current Principal Place of Business:**

1249 HARDEE ROAD  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1249 HARDEE RD  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 41-2035841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HELLINGER & PENABAD, PA  
3050 BISCAYNE BLVD., SUITE 700W  
MIAMI, FL 33137 US

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

HELLINGER & PENABAD, PA  
235 ALTARA AVE  
CORAL GABLES, FL 33146 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

02/16/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: FELLIG, MENACHEM M  
Address: 3713 MAIN HWY  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D  
Name: GANSBOURG, ZALMAN  
Address: 3713 MAIN HIGHWAY  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D  
Name: STOLIK, RABBI ABRAHAM  
Address: 3713 MAIN HIGHWAY  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: MENACHEM FELLIG

PSTD

02/16/2011

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

\_\_\_\_\_  
Date