

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90413 021 \*\*\*\*61.25

**DOCUMENT # N03000000537**

1. Entity Name  
**BEIT CHABAD ALMAGRO INC**



Principal Place of Business  
**5701 COLLINS APT. 603  
MIAMI BCH, FL 33140**

Mailing Address  
**5701 COLLINS APT. 603  
MIAMI BCH, FL 33140**

**50008730**



2. Principal Place of Business

**7225 NW 68th Street  
Suite, Apt. #, etc.  
11**

3. Mailing Address

**7225 NW 68th Street  
Suite, Apt. #, etc.  
11**

03032006 Chg-NP CR2E037 (11/05)

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number  
**27-0039602**

Applied For  
Not Applicable

Zip  
**33166**

Country  
**USA**

Zip  
**33166**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHVETZ, JORGE  
5701 COLLINS APT. 603  
MIAMI BCH, FL 33140**

7. Name and Address of New Registered Agent

Name  
**SCHVETZ, JORGE**  
Street Address (P.O. Box Number is Not Acceptable)  
**7225 NW 68th St.**  
**Suite # 11**  
City  
**MIAMI** FL Zip Code  
**33166**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHVETZ, JORGE  
5701 COLLINS APT. 603  
MIAMI BCH, FL 33140** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHVETZ, ADRIAN  
5701 COLLINS APT. 603  
MIAMI BCH, FL 33140** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FONTENLA, MONICA  
5701 COLLINS APT. 603  
MIAMI BCH, FL 33140** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHVETZ, JORGE  
7225 NW 68th St. Suite # 11  
MIAMI, FL 33166** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHVETZ, ADRIAN  
7225 NW 68th St. Suite # 11  
MIAMI, FL 33166** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FONTENLA MONICA  
7225 NW 68th St. Suite # 11  
MIAMI, FL 33166** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

**03/28/06 (786) 229-9498**

Date

Daytime Phone #