

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

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000000537

1. Entity Name

BEIT CHABAD ALMAGRO INC



Principal Place of Business

7225 NW 68TH ST
#11
MIAMI, FL 33166

Mailing Address

7225 NW 68TH ST
#11
MIAMI, FL 33166



04142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

27-0039602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHVETZ, JORGE
7225 NW 68TH ST
#11
MIAMI, FL 33166

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000947236
05/02/08 20006 013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHVETZ, JORGE
STREET ADDRESS	7225 NW 68TH ST., STE #11
CITY-STATE-ZIP	MIAMI, FL 33166
TITLE	D
NAME	SCHVETZ, ADRIAN
STREET ADDRESS	7225 NW 68TH ST., STE #11
CITY-STATE-ZIP	MIAMI, FL 33166
TITLE	D
NAME	FONTENLA, MONICA
STREET ADDRESS	7225 NW 68TH ST., STE #11
CITY-STATE-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

05/30/08

786-228-9498