


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90243 010 ****61.25

DOCUMENT # N03000001084

1. Entity Name
CHABAD-LUBAVITCH RUSSIAN CENTER OF SOUTH FLORIDA, INC.



Principal Place of Business
**403 POINCIANA DRIVE
 SUNNY ISLES, FL 33160**

Mailing Address
**403 POINCIANA DRIVE
 SUNNY ISLES, FL 33160**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**1100 N.E. 163 ST
 401**

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33162

Country
USA



04272004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**KATSMAN, MARK
 1111 KANE CONCOURSE
 SUITE 607
 BAY HARBOR ISLANDS, FL 33154**

4. FEI Number
04-3758388

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

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 | P | <input type="checkbox"/> Delete |
| NAME | KALLER, ALEXANDER | |
| STREET ADDRESS | 403 POINCIANA DRIVE | |
| CITY-ST-ZIP | SUNNY ISLES, FL 33160 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | KALLER, CHANA | |
| STREET ADDRESS | 403 POINCIANA DRIVE | |
| CITY-ST-ZIP | SUNNY ISLES, FL 33160 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | ALTEIN, YAKOV LEIB | |
| STREET ADDRESS | 403 POINCIANA DRIVE | |
| CITY-ST-ZIP | SUNNY ISLES, FL 33160 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ST ALTEIN, YAKOV LEIB | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1378 UNION ST | |
| CITY-ST-ZIP | BROOKLYN, NY 11213 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DR. DOLLY AISEMAN | |
| STREET ADDRESS | 503 12th ST. APT. 5 | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MIKHAIL KEIFITZ | |
| STREET ADDRESS | 17500 N. BAY RD. | |
| CITY-ST-ZIP | SUNNY ISLES BEACH, FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **4/27/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #