


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 30, 2005 8:00 am**  
**Secretary of State**

06-30-2005 90002 033 \*\*\*\*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  
**1100 NE 163 ST  
 # 401  
 MIAMI, FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**50054268**



06232005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**04-3758388**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 September 7, 2005**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KALLER, ALEXANDER</b>	
STREET ADDRESS	<b>403 POINCIANA DRIVE</b>	
CITY-ST-ZIP	<b>SUNNY ISLES, FL 33160</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KALLER, CHANA</b>	
STREET ADDRESS	<b>403 POINCIANA DRIVE</b>	
CITY-ST-ZIP	<b>SUNNY ISLES, FL 33160</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ALTEIN, YAKOV LEIB</b>	
STREET ADDRESS	<b>1378 UNION ST</b>	
CITY-ST-ZIP	<b>BROOKLYN, NY 11213</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALSEMAN, DOLLY DR</b>	
STREET ADDRESS	<b>503 12TH ST APT 5</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KEIFITZ, MIKHAL</b>	
STREET ADDRESS	<b>17500 N BAY RD</b>	
CITY-ST-ZIP	<b>SUNNY ISLES BEACH, FL</b>	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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	
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:** \_\_\_\_\_ **6/27/05** **305 803 5315**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #