

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 02, 2004
Secretary of State**

DOCUMENT# N03000009759

Entity Name: CHABAD OF BISCAYNE, INC.

Current Principal Place of Business:

444 BRICKELL AVE STE 300
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

444 BRICKELL AVE STE 300
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-0382142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERKIN, STEWART A
444 BRICKELL AVE STE 300
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOPIN, RABBI S
Address: 770 BOWMAN CT
City-St-Zip: WESTON, FL 33326

Title: SD () Delete
Name: SPALTER, RABBI Y
Address: 770 BOWMAN CT
City-St-Zip: WESTON, FL 33326

Title: TD () Delete
Name: LIPSZYC, RABBI A
Address: 11650 NE 21 DR
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: S. GOPIN

PRES

06/02/2004

Electronic Signature of Signing Officer or Director

_____ Date