

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009759

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: CHABAD AT MIDTOWN, INC.

**Current Principal Place of Business:**

3030 N.E. 2ND AVENUE  
MIAMI, FL 33137

**New Principal Place of Business:**

3030 N.E. 2ND AVENUE  
MIAMI, FL 33137

**Current Mailing Address:**

3030 N.E. 2ND AVENUE  
MIAMI, FL 33137

**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: 3030 N.E. 2ND AVE  
City-St-Zip: MIAMI, FL 33137

Title: SD ( ) Delete  
Name: SPALTER, RABBI Y  
Address: 356 PALM BLVD.  
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: PD (X) Change ( ) Addition  
Name: GOPIN, RABBI S  
Address: 251 NE 47TH STREET  
City-St-Zip: MIAMI, FL 33137

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 exemption stated 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 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: SHMUEL GOPIN

PD

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date