

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 31, 2009
Secretary of State**

DOCUMENT# N03000009759

Entity Name: CHABAD AT MIDTOWN, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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: 251 NE 47TH STREET
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: () 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 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

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date