

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90025 031 \*\*\*\*61.25

<b>DOCUMENT # N04000004533</b> 1. Entity Name <b>CHABAD OF RIO VISTA, INC.</b>					
Principal Place of Business <b>713 S.E. 7TH STREET FORT LAUDERDALE, FL 33301</b>			Mailing Address <b>713 S.E. 7TH STREET FORT LAUDERDALE, FL 33301</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LAZARUS, DAVID M 18901 N.E. 29TH AVENUE SUITE 100 AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name: <b>MICHAEL SHEIN</b> Street Address (P.O. Box Number is Not Acceptable): <b>700 SE 3RD AVE, 3RD FLR</b> City: <b>FORT LAUDERDALE FL</b> Zip Code: <b>33316</b>	
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:  <b>MICHAEL SHEIN, ESQ.</b> DATE: <b>1/4/5</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KAPLAN, SCHNEUR Z 713 S.E. 7TH STREET FORT LAUDERDALE, FL 33301</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KAPLAN, DEVORAH 713 S.E. 7TH STREET FORT LAUDERDALE, FL 33301</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			1 4 05 954 643 6333 <small>Date Daytime Phone #</small>		