2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N04000004903

Entity Name: CHABAD OF BRANDON, INC.

Current Principal Place of Business:

809 E. BLOOMINGDALE AVE
#245
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

809 E. BLOOMINGDALE AVE.
#245
BRANDON, FL 33511

New Mailing Address:

FEI Number: 34-2012331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUBASHKIN, MENACHEM M
809 E. BLOOMINGDALE AVE.
#245
BRANDON, FL 33511 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: P ( ) Delete
Name: RUBASHKIN, MENACHEM M
Address: 809 E. BLOOMINGDAEL AVE. #245
City-St-Zip: BRANDON, FL 33511

Title: V ( ) Delete
Name: RUBASHKIN, BELLA
Address: 14908 PENNINGTON RD
City-St-Zip: TAMPA, FL 33624

Title: S ( ) Delete
Name: RUBASHKIN, TZIPPY
Address: 3207 HURLEY GROVE WAY
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete
Name: DEITSCH, JOSEPH
Address: 619 EMPIRE BLVD
City-St-Zip: BROOKLYN, NY 11213

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:

Title: T (X) Change ( ) Addition
Name: DEITSCH, CHANA
Address: 619 EMPIRE BLVD
City-St-Zip: BROOKLYN, NY 11213

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: M RUBASHKIN P 04/30/2007

Electronic Signature of Signing Officer or Director — Date