2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006063

Entity Name: CHABAD OF CAPE CORAL, INC.

FILED Mar 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

556 CROWN STREET #C4 2122 CAPE CORAL PKWY W BROOKLYN, NY 11213 CAPE CORAL, FL 33914

Current Mailing Address: New Mailing Address:

556 CROWN STREET #C4 2122 CAPE CORAL PKWY W. BROOKLYN, NY 11213 CAPE CORAL, FL 33914

FEI Number: 20-1349421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LABKROWSKI, JOSEPH Y RABBI
1820 N.E. 163RD STREET, SUITE 100
NORTH MIAMI BEACH, FL 33162 US
LABKOWSKI, JOSEPH Y RABBI
1820 N.E. 163RD STREET, SUITE 100
NORTH MIAMI BEACH, FL 33162 US

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: JOSEPH LABKOWSKI 03/14/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PSD () Delete
 Title:
 PSD (X) Change () Addition

 Name:
 LABKOWSKI, JOSEPH Y
 Name:
 LABKOWSKI, JOSEPH Y

 Address:
 556 CROWN STREET #C4
 Address:
 2122 CAPE CORAL PKWY W.

 City-St-Zip:
 BROOKLYN, NY 11213
 City-St-Zip:
 CAPE CORAL, FL 33914

Title: VTD () Delete Title: VTD (X) Change () Addition Name: LABKOWSKI, RIFKA Name: LABKOWSKI, RIFKA Address: 556 CROWN STREET #C4 Address: 2122 CAPE CORAL PKWY W.

Address: 556 CROWN STREET #C4 Address: 2122 CAPE CORAL PKWY W. City-St-Zip: BROOKLYN, NY 11213 City-St-Zip: CAPE CORAL, FL 33914

 Name:
 GURRAY, NATHAN
 Name:
 GURRAY, NATHAN

 Address:
 556 CROWN STREET #C4
 Address:
 378 CROWN ST.

 City-St-Zip:
 BROOKLYN, NY 11213
 City-St-Zip:
 BROOKLYN, NY 11225

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: JOSEPH LABKOWSKI RABB 03/14/2005