

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2009
Secretary of State**

DOCUMENT# N04000008742

Entity Name: CHABAD AT FLORIDA INTERNATIONAL UNIVERSITY, INC.

Current Principal Place of Business:

10031 SW 15 TERR
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

10031 SW 15 TERR
MIAMI, FL 33174

New Mailing Address:

FEI Number: 51-0525098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIN, ERIC P ESQ.
1820 N.E. 163RD STREET
SUITE 100
NORTH MIAMI BEACH, FL 33162 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: D () Delete
Name: FRIEDMAN, RABBI L
Address: 10031 SW 15TH TER
City-St-Zip: MIAMI, FL 33174

Title: VTD () Delete
Name: FRIEDMAN, SASHA
Address: 10031 SW 15TH TER
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: RABBI SHOLOM DOVBER LIPSKAR
Address: 9540 COLLINS AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: FELLIG, RABBI Y
Address: 3713 MAIN HIGHWAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: WOLFF, RABBI E
Address: 22 BLACKWATCH TRL
City-St-Zip: MORRISTOWN, NJ 07960

Title: PS () Delete
Name: FRIEDMAN, LEVI
Address: 10031 SW 15TH TER
City-St-Zip: MIAMI, FL 33174

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: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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: LEVI FRIEDMAN

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date