

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001576

FILED
Apr 14, 2009
Secretary of State

Entity Name: CHABAD OF DOWNTOWN, INC.

Current Principal Place of Business:

900 E. BROWARD BLVD.
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

713 SE 7TH ST.
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 20-2370518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEIN, MICHAEL ESQ.
700 SE THIRD AVENUE
THIRD FLOOR
FORT LAUDERDALE, FL 33301 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: KAPLAN,, SCHNEUR, Z RABBI
Address: 713 SE 7TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: D (X) Delete
Name: HECHT, NOSON
Address: 7019 FLEET ST.
City-St-Zip: FOREST HILLS, NY 11375 US

Title: D () Delete
Name: ZARCHI, MEYER
Address: 266 47TH ST.
City-St-Zip: BROOKLYN, NY 11220 US

Title: VP () Delete
Name: KAPLAN, DEVORAH R MRS.
Address: 713 SE 7TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

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
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: SCHNEUR Z KAPLAN

P

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date