

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003348

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: CHABAD OF EASTERN SHORES, INC.

**Current Principal Place of Business:**

960 NE 176TH ST  
MIAMI, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

960 NE 176TH ST  
MIAMI, FL 33162

**New Mailing Address:**

FEI Number: 20-2626670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSENFELD, ELIMELECH D  
960 NE 176TH ST  
MIAMI, 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: PD ( ) Delete  
Name: ROSENFELD, ELIMELECH D  
Address: 960 NE 176TH ST  
City-St-Zip: MIAMI, FL 33162

Title: VPSD ( ) Delete  
Name: ROSENFELD, SARAH  
Address: 960 NE 176TH ST  
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete  
Name: LIPSZYC, ABRAHAM  
Address: 1948 NE 123RD ST - # 105  
City-St-Zip: N MIAMI, FL 33181

Title: D ( ) Delete  
Name: KOPELMAN, JEFF  
Address: 840 NE 171ST ST  
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete  
Name: SPALTER, YITZCHOK  
Address: 615 NE 173RD TER  
City-St-Zip: MIAMI, FL 33162

**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:

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: ELIMELECH ROSENFELD

PD

04/07/2008

Electronic Signature of Signing Officer or Director

Date