

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 18, 2009
Secretary of State**

DOCUMENT# N05000003348

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:

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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

04/18/2009

Electronic Signature of Signing Officer or Director

Date