2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005330

Entity Name: CHABAD OF SOUTH BEACH, INC.

FILED Apr 30, 2006 Secretary of State

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

1200 WEST AVE 1035 WEST AVE 405

APT. #521

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

1200 WEST AVE 1035 WEST AVE

APT. #521 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

FEI Number: 20-2928281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

405

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

MANN, SHRAGA MANN, SHRAGA 1200 WEST AVE 1035 WEST AVE

APT. #521 405

MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 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: SHRAGA MANN 04/30/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MANN, SHRAGA MANN, SHRAGA Name: Name: 1200 WEST AVE, APT. #521 Address: 1035 WEST AVENUE #405 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

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

MANN, DEVORAH Name: MANN, DEVORAH Name: Address: 1200 WEST AVE, APT, #521 Address: 1035 WEST AVE, APT, #405

City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete Title: (X) Change () Addition WOLF, MOSHE LIPSKIER, ZEV Name: Name:

7515 FRONTAGE 1035 WEST AVENUE #505 Address: Address: City-St-Zip: SKOKIE, IL 60077 City-St-Zip: MIAMI BEACH, FL 33139

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

Name: MANN, SHMUEL Name: KLEINMAN, SHALOM 1100 WEST AVENUE #416 Address: 115 7TH TERRACE Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

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

DUCHMAN, ZAHMAN WILHELM, MORDECHAI Name: Name: 595 LEFFORTS AVE. 1000 WEST AVENUE #302 Address: Address: City-St-Zip: BROOKLYN, NY 11203 City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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: SHRAGA MANN PD 04/30/2006