2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State
07-14-2006 90020 021 ****61.25

DOCUMENT # N05000008232

1. Entity Name
CHABAD JEWISH CENTER OF DORAL, INC.

Principal Place of Business	Mailing Address
5101 COLLINS AVE #4R MIAMI BEACH, FL 33140	5101 COLLINS AVE #4R MIAMI BEACH, FL 33140

07092006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
5353 NW 109 CT	5353 NW 109 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DORAL, FL	City & State: DORAL, FL
Zip: 33178 Country	Zip: 33178 Country

4. FEI Number: 20-3225864 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRASHEVITZKY, RABBI A 5101 COLLINS AVE #4R MIAMI BEACH, FL 33140	Name Street Address (P.O. Box Number is Not Acceptable) 5353 NW 109 CT City: DORAL FL Zip Code: 33178

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: A B AVROHOM BRASHEVITZKY July 10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRASHEVITZKY, RABBI A 5101 COLLINS AVE #4R MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5353 NW 109 CT DORAL, FL 33178	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRASHEVITZKY, ZELDA 5101 COLLINS AVE #4R MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5353 NW 109 CT DORAL, FL 33178	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLTZKENNER, STEWART 6901 ENVIRON BLVD LAUDERHILL, FL 33119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESTREICHER, STEWART 6901 ENVIRON BLVD LAUDERHILL, FL 33119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOCH, DAVID N 5632 PHILLIPS AVE PITTSBURGH, PA 15217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, GEORGE 9205 NW 43 CT CORAL SPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A B AVROHOM BRASHEVITZKY July 10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

786-877-2474