

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000008232	
1. Entity Name CHABAD JEWISH CENTER OF DORAL, INC.	
Principal Place of Business 5353 NW 109TH CT DORAL, FL 33178	Mailing Address 5353 NW 109TH CT DORAL, FL 33178



07012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3225864	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRASHEVITZKY, RABBI A 5353 NW 109TH CT DORAL, FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASHEVITZKY, RABBI A 5353 NW 109TH CT DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASHEVITZKY, ZELDA 5353 NW 109TH CT DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTZENNER, STEWART 6901 ENVIRON BLVD LAUDERHILL, FL 33119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTREICHER, STEWART 6901 ENVIRON BLVD LAUDERHILL, FL 33119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOCH, DAVID N 5632 PHILLIPS AVE PITTSBURGH, PA 15217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, GEORGE 9205 NW 43 CT CORAL SPRINGS, FL 33065

U00000767049
07/05/07-80008-017 70.00

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 empowerments.

SIGNATURE: Alvin B. RABBI AVROHAM BRASHEVITZKY 7/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-392-9285