

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008232

FILED
Apr 25, 2008
Secretary of State

Entity Name: CHABAD JEWISH CENTER OF DORAL, INC.

Current Principal Place of Business:

5353 NW 109TH CT
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

5353 NW 109TH CT
DORAL, FL 33178

New Mailing Address:

FEI Number: 20-3225864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRASHEVITZKY, RABBI A
5353 NW 109TH CT
DORAL, FL 33178 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: D () Delete
Name: BRASHEVITZKY, RABBI A
Address: 5353 NW 109TH CT
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: BRASHEVITZKY, ZELDA
Address: 5353 NW 109TH CT
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: HOLTZKENNER, STEWART
Address: 6901 ENVIRON BLVD
City-St-Zip: LAUDERHILL, FL 33119

Title: D () Delete
Name: ESTREICHER, STEWART
Address: 6901 ENVIRON BLVD
City-St-Zip: LAUDERHILL, FL 33119

Title: D () Delete
Name: HOCH, DAVID N
Address: 5632 PHILLIPS AVE
City-St-Zip: PITTSBURGH, PA 15217

Title: D () Delete
Name: GREEN, GEORGE
Address: 9205 NW 43 CT
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRASHEVITZKY, AVROHOM
Address: 5353 NW 109TH CT
City-St-Zip: DORAL, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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Name:
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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: AVORHOM BRASHEVITZKY

D

04/25/2008

Electronic Signature of Signing Officer or Director

Date