

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008783

FILED
Jan 12, 2006
Secretary of State

Entity Name: CHABAD STUDENT CENTER, INC.

Current Principal Place of Business:

19849 VILLA MEDICI PLACE
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

19849 VILLA MEDICI PLACE
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 20-3396643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBEROW, BORUCH SHMUEL
19849 VILLA MEDICI PLACE
BOCA RATON, FL 33434 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: LIBEROW, SHMUEL RABBI
Address: 19849 VILLA MEDICI PLACE
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: LIBEROW, RIVKA ROCHELLE
Address: 19849 VILLA MEDICI PLACE
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: THALER, SHLOMO
Address: 715 EMPIRE BOULEVARD
City-St-Zip: BROOKLYN, NY 11213

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LIBEROW, BORUCH SHMUEL RABBI
Address: 19849 VILLA MEDICI PLACE
City-St-Zip: BOCA RATON, FL 33434

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

Title: T (X) Change () Addition
Name: FELLIG, YAKOV RABBI
Address: 3713 MAIN HIGHWAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP () Change (X) Addition
Name: DENBURG, MOSHE RABBI
Address: 17950 MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33496

Title: VP () Change (X) Addition
Name: BUKIET, ZALMAN RABBI
Address: 17950 MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33496

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: RIVKA ROCHELLE LIBEROW

D

01/12/2006

Electronic Signature of Signing Officer or Director

Date