

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2009
Secretary of State**

DOCUMENT# N05000010555

Entity Name: CHABAD LUBAVITCH OF PEMBROKE PINES, INC.

Current Principal Place of Business:

17202 NW 6TH CT.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17202 NW 6TH CT.
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 03-0573042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRUISER, MORDECHAI
17202 NW 6TH CT.
PEMBROKE PINES, FL 33029 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: RABB () Delete
Name: ANDRUSIER, MORDECHAI RABBI
Address: 17202 NW 6TH CT.
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: TD () Delete
Name: ANDRUSIER, MORDECHAI
Address: 17202 NW 6TH CT.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD () Delete
Name: KAPELUSCHNK, CELESTE
Address: 17202 NW 6TH CT.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD () Delete
Name: COVOS, DAMAN
Address: 17202 NW 6TH CT.
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: MORDECHAI ANDRUSIER

RABB

01/18/2009

Electronic Signature of Signing Officer or Director

Date