

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010555

FILED  
Feb 01, 2012  
Secretary of State

**Entity Name:** CHABAD LUBAVITCH OF PEMBROKE PINES, INC.

**Current Principal Place of Business:**

17900 NW 5 ST.  
104  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

17900 NW 5 ST.  
104  
PEMBROKE PINES, FL 33029 US

**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  
590 SW 178 WAY  
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  
Name: ANDRUISER, MORDECHAI RABBI  
Address: 590 SW 178 WAY  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: TD  
Name: ANDRUISER, MORDECHAI  
Address: 590 SW 178 WAY  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: TD  
Name: ANDRUISER, CELESTE  
Address: 590 SW 178 WAY  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: TD  
Name: COVOS, DAMAN  
Address: 17900 NW 5 ST #104  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: TD  
Name: GOLDSHMID, YITZCHOK  
Address: 18310 NW 10 ST  
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby 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 all other like empowered.

SIGNATURE: MORDECHAI ANDRUISER

RABB

02/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date