

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008695

FILED  
Aug 14, 2007  
Secretary of State

Entity Name: CHABAD AT THE CIVIC CENTER, INC.

**Current Principal Place of Business:**

5701 MARIUS STREET  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

5701 MARIUS STREET  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 20-5614198      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KLEIN, YOCHANON  
5701 MARIUS STREET  
CORAL GABLES, FL 33146      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: DP      ( ) Delete  
Name: KLEIN, YOCHANON  
Address: 5701 MARIUS STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: DVST      ( ) Delete  
Name: KLEIN, ESTER  
Address: 5701 MARIUS STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: D      ( ) Delete  
Name: FELLIG, YAKOV  
Address: 3713 MAIN HWY  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D      ( ) Delete  
Name: FELLIG, MENACHEM  
Address: 1251 HARDEE AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D      ( ) Delete  
Name: KLEIN, MOSHE  
Address: 321 KINGSTON AVE  
City-St-Zip: BROOKLYN, NY 11213

**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:

Title: D      (X) Change ( ) Addition  
Name: SCHAPIRO, SCHNEUR Z  
Address: 2040 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

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: YOCHANAN KLEIN

DP

08/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date