

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011101

FILED
Aug 30, 2007
Secretary of State

Entity Name: CHABAD OF PALM BEACH ISLAND, INC.

Current Principal Place of Business:

234 AUSTRALIAN AVE
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

234 AUSTRALIAN AVE
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 20-5807499 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:

Name and Address of New Registered Agent:

LEVITIN, SHNEUR Z
234 AUSTRALIAN AVE
PALM BEACH, FL 33480 US

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: PD () Delete
Name: LEVITIN, SHNEUR Z
Address: 234 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: VSTD () Delete
Name: LEVITIN, INDEL
Address: 234 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: WEISMAN, JEFFREY L
Address: 25 CENTRAL AVE, PO BOX 260
City-St-Zip: WATERBURY, CT 06720

Title: D () Delete
Name: GOLDSTEIN, MORDECHAI
Address: 525 BROOKLYN AVE APT 2C
City-St-Zip: BROOKLYN, NY 11225

Title: D () Delete
Name: GARB, SHNEUR
Address: 187 CARLTON TERRACE
City-St-Zip: TEANECK, NJ 07666

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: () 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: SHNEUR Z. LEVITIN

PD

08/30/2007

Electronic Signature of Signing Officer or Director

Date