

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31168

FILED
Mar 03, 2005
Secretary of State

Entity Name: CHABAD OF SOUTH DADE, INC.

Current Principal Place of Business:

3713 MAIN HIGHWAY
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3713 MAIN HIGHWAY
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0132853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACOBS, BRUCE
2971 BIRD AVE.
COCONUT GROVE, FL 33133 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: FELLIG, YAKOV
Address: 4005 EL PRADO BLVD.
City-St-Zip: COCONUT GROVE, FL 33133

Title: DT () Delete
Name: FELLIG, GUTAL
Address: 4005 EL PRADO BLVD.
City-St-Zip: COCONUT GROVE, FL 33133

Title: DVP () Delete
Name: FELLIG, MENACHEM
Address: 5701 MARIUS ST
City-St-Zip: MIAMI, FL 33146

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: YAKOV FELLIG

DP

03/03/2005

Electronic Signature of Signing Officer or Director

_____ Date