2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# N41775

Entity Name: CHABAD LUBAVITCH OF BOCA RATON, INC.

Current Principal Place of Business:

9040 KIMBERLY BOULEVARD
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

9040 KIMBERLY BOULEVARD
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 65-0200283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENOFF, STEVEN
1761 WEST HILLSBORO BOULEVARD
SUITE 405
DEERFIELD BEACH, FL 33442 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: BUKELT, ZALMAN
Address: 9040 KIMBERLY BLVD
City-St-Zip: BOCA RATON, FL 33434

Title: DT ( ) Delete
Name: BUKLET, HANNAH
Address: 9040 KIMBERLY BLVD
City-St-Zip: BOCA RATON, FL 33434

Title: DV ( ) Delete
Name: DENBURG, MOSHE
Address: 17950 MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33496

Title: DS ( ) Delete
Name: DENBURG, RIVKAH
Address: 19750 MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33496

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 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: RABBI ZALMAN BUKIET DP 04/12/2005

Electronic Signature of Signing Officer or Director — Date