

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 01, 2004
Secretary of State**

DOCUMENT# N42067

Entity Name: CHABAD LUBAVITCH OF NORTH BROWARD AND PALM BEACH COUNTIES, INC.

Current Principal Place of Business:

1500 N. STATE RD #7
MARAGATE, FL 33063

New Principal Place of Business:

1500 N. STATE RD. # 7
MARGATE, FL 33063

Current Mailing Address:

1500 N. STATE RD #7
MARAGATE, FL 33063

New Mailing Address:

P.O. BOX 936588
MARGATE, FL 33093

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

Name and Address of Current Registered Agent:

BISTON, JOSEPH
5851 HOLMBERY ROAD #2314
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

BISTON, JOSEPH
5851 HOLMBERG ROAD #2314
PARKLAND, FL 33067 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: _____ 04/01/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BISTON, JOSEPH,
Address: 1500 N. STATE RD #7
City-St-Zip: MARAGATE, FL 33063

Title: DVP (X) Delete
Name: BRONSTEIN, JOSEPH,
Address: 1500 N. STATE RD #7
City-St-Zip: MARAGATE, FL 33063

Title: DST () Delete
Name: BISTON, BAYLA
Address: 1500 N. STATE RD #7
City-St-Zip: MARAGATE, FL 33063

Title: D (X) Delete
Name: SHOLON, KORF
Address: 1500 N. STATE RD #7
City-St-Zip: MARAGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: BISTON, BAYLA
Address: 1500 N. STATE RD #7
City-St-Zip: MARGATE, FL 33063

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: JOSEPH BISTON PRES 04/01/2004
Electronic Signature of Signing Officer or Director Date