

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42067

FILED  
Mar 28, 2006  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 936588  
MARGATE, FL 33093

**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:**

BISTON, JOSEPH  
7720 NW 63RD AVE  
PARKLAND, FL 33067 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: BISTON, JOSEPH,  
Address: 1500 N. STATE RD #7  
City-St-Zip: MARGATE, FL 33063

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DST (X) Change ( ) Addition  
Name: BISTON, BAYLA  
Address: 7720 NW 63RD AVE  
City-St-Zip: PARKLAND, FL 33067

Title: VP ( ) Change (X) Addition  
Name: KORF, SHOLOM  
Address: 7495 W. ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH BISTON

DP

03/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date