


2005 NOT-FOR-PROFIT CORPORATION:  
ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90110 014 \*\*\*\*61.25

<b>DOCUMENT # N92000000456</b>	
1. Entity Name <b>CHABAD LUBAVITCH OF SOUTHWEST BROWARD, INC.</b>	

Principal Place of Business <b>10601 STIRLING RD FORT LAUDERDALE, FL 33328</b>	Mailing Address <b>10601 STIRLING RD FORT LAUDERDALE, FL 33328</b>
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20033374



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02012005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0374355</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
<b>ANDRUSIER, PINNY RABBI</b>	
<b>9700 STIRLING RD</b>	
<b>COOPER CITY, FL 33026</b>	

7. Name and Address of New Registered Agent	
Name <b>RABBI PINNY ANDRUSIER</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>10601 STIRLING RD</b>	
City <b>COOPER CITY</b>	FL Zip Code <b>33328</b>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRUSIER, PINNY 3701 STARBOARD AVE COOPER CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDRUSER, GITY 3701 STARBOARD AVE COOPER CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSYZC, MOSHE M RABBI 12 PT ROYAL ISLE FT LAUD, FL 33008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ANDRUSIER, BARUCH</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>10601 STIRLING RD</b> <b>COOPER CITY, FL 33328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

1/31/05 - 954-252-1770