2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# N92000000456

Entity Name: CHABAD LUBAVITCH OF SOUTHWEST BROWARD, INC.

Current Principal Place of Business:

10601 STIRLING RD
FORT LAUDERDALE, FL 33328

New Principal Place of Business:

Current Mailing Address:

10601 STIRLING RD
FORT LAUDERDALE, FL 33328

New Mailing Address:

FEI Number: 65-0374355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDRUSIER, PINNY RABBI
10601 STIRLING RD
COOPER CITY, FL 33328 US

Name and Address of New Registered Agent:

ANDRUSIER, PINNY RABBI
5585 SW 105 AVENUE
COOPER CITY, FL 33328 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: PINNY ANDRUSIER 10/08/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDRUSIER, PINNY
Address: 3701 STARBOARD AVE
City-St-Zip: COOPER CITY, FL

Title: SD ( ) Delete
Name: ANDRUSER, GITTY
Address: 3701 STARBOARD AVE
City-St-Zip: COOPER CITY, FL

Title: D (X) Delete
Name: LIPSZYC, MOSHE M RABBI
Address: 12 PT ROYAL ISLE
City-St-Zip: FT LAUD, FL 33008

Title: D ( ) Delete
Name: ANDRUSIER, BARVCH
Address: 10601 STIRLING RD
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANDRUSIER, PINNY
Address: 5585 SW 105 AVENUE
City-St-Zip: COOPER CITY, FL 33328

Title: SD (X) Change ( ) Addition
Name: ANDRUSIER, GITTY
Address: 5585 SW 105 AVENUE
City-St-Zip: COOPER CITY, FL 33328

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

Title: D (X) Change ( ) Addition
Name: ANDRUSIER, BARUCH
Address: 3701 STARBOARD AVENUE
City-St-Zip: COOPER CITY, FL 33026

I hereby certify that the information supplied with this filing does not qualify 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: PINNY ANDRUISER PD 10/08/2007
Electronic Signature of Signing Officer or Director Date