

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 20, 2006  
Secretary of State**

DOCUMENT# N93000005015

Entity Name: CHABAD HOUSE OF NORTH DADE, INC.

**Current Principal Place of Business:**

21001 BISCAYNE BLVD.  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

21001 BISCAYNE BLVD.  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 65-0455721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SINGER, STANLEY  
21001 BISCAYNE BLVD.  
AVENTURA, FL 33180      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: STR ( ) Delete  
Name: GORIN, MENDEL  
Address: 2020 NE 212TH STREET  
City-St-Zip: NMB, FL 33179

Title: TTR ( ) Delete  
Name: SINGER, STANLEY  
Address: 19698 NE 24TH AVE  
City-St-Zip: NMB, FL 33180

Title: V ( ) Delete  
Name: BONNARDEL, KENNETH  
Address: 20130 NE 26TH AVE  
City-St-Zip: NMB, FL 33180

**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:

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: MARIANA FURMANSKI

ADMN

01/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date