

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 23, 2009
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:

FURMANSKI, MARIANNA ADM
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

Title: P () Delete
Name: SERFATI, JACOB
Address: 21001 BISCAYNE BLVD.
City-St-Zip: AVENTURA, 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:

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

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: MARIANNA FURMANSKI

ADM

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date