

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2009
Secretary of State**

DOCUMENT# N94000004931

Entity Name: CHABAD-LUBAVITCH OF PLANTATION, INC.

Current Principal Place of Business:

9775 W BROWARD BLVD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

9775 W BROWARD BLVD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0532862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIFF, BENJAMIN ESQ.
1901 HARNSON STREET 200
HOLLYWOOD, FL 33020 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: DVP () Delete
Name: SCHIFF, JULIE
Address: 7027 W. BROWARD BLVD.
City-St-Zip: PLANTATION, FL 33317

Title: DVP () Delete
Name: ROTLEWICZ, MARK
Address: 9950 SW 4TH ST
City-St-Zip: PLANTATION, FL 33324

Title: PD () Delete
Name: JOSEPH, MITCH
Address: 10567 NW 53 STREET
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: P () Delete
Name: POSNER, MENACHEM
Address: 9775 W BROWARD BLVD.
City-St-Zip: PLANTATION, FL 33324

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: MENACHEM POSNER

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date