

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 05, 2004  
Secretary of State**

DOCUMENT# N94000005298

Entity Name: CHABAD OCEAN SYNAGOGUE, INC.

**Current Principal Place of Business:**

1295 EAST HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1295 EAST HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 65-0805511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HODKIN, PETER M  
2101 WEST COMMERCIAL BLVD  
SUITE 4100  
FORT LAUDERDALE, FL 33309 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: DP      ( ) Delete  
Name: KASEN, BARRIE  
Address: 1911 JACKSON ST  
City-St-Zip: HOLLYWOOD, FL

Title: DT      ( ) Delete  
Name: BONNARDEL, KENNETH  
Address: 20130 N.E. 26TH AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: DV      ( ) Delete  
Name: KUDAN, DAVID  
Address: 1245 RODMAN STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: S      ( ) Delete  
Name: SCHWARTZ, MOSHE  
Address: 1108 N.E. 5TH ST.  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: SPIVAK, ALLAN  
Address: 4000 SOUTH OCEAN DRIVE  
City-St-Zip: HOLLYWOOD, FL 33019

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 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 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: DAVID KUDAN

DV

05/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date