

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

**FILED  
Aug 15, 2006  
Secretary of State**

DOCUMENT# N94000005298

Entity Name: CHABAD OCEAN SYNAGOGUE, INC.

**Current Principal Place of Business:**

3800 S. OCEAN DRIVE  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

541 MONTGOMERY ST.  
BROOKLYN, NY 11225

**New Mailing Address:**

FEI Number: 65-0805511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HODKIN, PETER M  
2101 WEST COMMERCIAL BLVD  
SUITE 4100  
FORT LAUDERDALE, FL 33309 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: DT ( ) Delete  
Name: KUDAN, MENASHE L  
Address: 1245 RODMAN STREET  
City-St-Zip: HOLLYWOOD, FL 33019

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

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

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

Title: S ( ) Delete  
Name: LOKEINSKY, SHULAMIS  
Address: 541 MONTGOMERY STREET  
City-St-Zip: BROOKLYN, NY 11225

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: SHULAMIS LOKEINSKY

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08/15/2006

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

\_\_\_\_\_  
Date