2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# N95000002437

Entity Name: CHAI OF AVENTURA, INC.

Current Principal Place of Business:

1948 NE 123RD STREET
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

1948 NE 123RD STREET
SUITE 101-03
NORTH MIAMI, FL 33181 US

Current Mailing Address:

C/O STABBI A LIPSZYC
11650 NE 21 DR
MIAMI, FL 33181 US

New Mailing Address:

FEI Number: 65-0586550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

LAZARUS, DAVID M
18901 NE 29TH AVE.
STE. 100
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: TD ( ) Delete
Name: SPALTER, YISREAL B
Address: 770 BOWMEN DR
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: SD ( ) Delete
Name: LIPSZYC, RIVKA
Address: 1033 OAKLAND PARK BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: PD ( ) Delete
Name: LIPSZYC, RABBI A
Address: 11650 NE 21 DR
City-St-Zip: MIAMI, FL 33181

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 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: LIPSZYC RABBI A. PD 07/08/2008
Electronic Signature of Signing Officer or Director — Date