

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005568

FILED  
May 30, 2006  
Secretary of State

Entity Name: CHABAD CENTER OF KENDALL, INC.

**Current Principal Place of Business:**

8700 SW 112 ST  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8700 SW 112 ST  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 65-0667380      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:**

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

DEARR, CRAIG R  
9130 S. DADELAND BLVD  
#1609  
MIAMI, FL 33156 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:**

Title: P ( ) Delete  
Name: HARLIG, YOSSEF Y  
Address: 8700 SW 112 STREET  
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete  
Name: HARLIG, NACHAMA  
Address: 8700 SW 112 STREET  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: DALFIN, CHAYA  
Address: 8700 SW 112 STREET  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: AUSLANDER, DAVID  
Address: 8700 SW 112 STREET  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: DEARR, CRAIG  
Address: 8700 SW 112 STREET  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: BEN-CHTRIT, JACKY  
Address: 8700 SW 112 STREET  
City-St-Zip: MIAMI, FL 33176

**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: D (X) Change ( ) Addition  
Name: LUBIN, JACOB  
Address: 8700 SW 112 STREET  
City-St-Zip: MIAMI, FL 33176

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 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: YOSSEF Y HARLIG

P

05/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date