

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005568

FILED
Mar 24, 2009
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 ()

Name and Address of Current Registered Agent:

DEARR, CRAIG R
9100 S. DADELAND BLVD
ONE DATRAN CENTER, PENTHOUSE 1, #1701
MIAMI, FL 33156 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: P () Delete
Name: HARLIG, YOSSEF Y
Address: 8700 SW 112 STREET
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: HARLIG, NECHAMA
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: LUBIN, JACOB
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: () 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: YOSSEF HARLIG

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date