

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90012 003 ****70.00

DOCUMENT # N96000000021	
1. Entity Name CHABAD OF KEY WEST, INC.	

Principal Place of Business 321 GRINNELL ST KEY WEST FL 33040 US	Mailing Address 321 GRINNELL ST KEY WEST FL 33040 US
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1st MOORE CR2E037 (10/05)

2. Principal Place of Business 2300 FLAGLER AV.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State KEY WEST FL.	City & State
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4. FEI Number 65-0635011	Applied For <input type="checkbox"/> Not Applicable
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Zip 33040	Country U.S.A.	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ZUCKER, JACOB 321 GRINNELL ST KEY WEST FL 33040

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jacob Zucker* **JACOB ZUCKER** **5-15-06**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUCKER, JACOB 321 GRINNELL STREET KEY WEST FL 33040	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISTON, JOSEPH 1500 N STATE ROAD #7 MARGATE FL 33063	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZUCKER, CHANA 321 GRINNELL ST KEY WEST FL 33040	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUSSKIND, GARY M 459 EMPIRE BLVD BROOKLYN NY 11225	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEGAL, LEVI 321 GRINNELL STREET KEY WEST FL 33040	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacob Zucker* **JACOB ZUCKER** **5-15-06** **305 304 7713**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #