

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

**FILED  
Aug 10, 2006  
Secretary of State**

DOCUMENT# N98000004658

Entity Name: CHABAD LUBAVITCH OF VENETIAN CAUSEWAY AND SURROUNDING ISLANDS, INC.

**Current Principal Place of Business:**

14 FARREY LN  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

115 -7TH TER.DILIDO ISLAND  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 65-0860163      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:**

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 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: D            ( ) Delete  
Name: MANN, ABRAHAM  
Address: 115 -7TH TER.DILIDO ISLAND  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D            ( ) Delete  
Name: MANN, CHAYA T  
Address: 115 -7TH TER.DILIDO ISLAND  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D            ( ) Delete  
Name: MANN, SHRAGA F  
Address: 1200 WEST AV. #521  
City-St-Zip: MIAMI BEACH, FL 33139

Title:            ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: D            (X) Change ( ) Addition  
Name: MANN, SHRAGA F  
Address: 1035 WEST AV. #405  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D            ( ) Change (X) Addition  
Name: LEVY, GAL  
Address: 1784 WEST AV. #1  
City-St-Zip: MIAMI BEACH, FL 33139

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: ABRAHAM MANN

D

08/10/2006

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

\_\_\_\_\_  
Date