

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003348

**Entity Name:** CHABAD OF EASTERN SHORES, INC.

**Current Principal Place of Business:**

960 NE 176TH ST  
MIAMI, FL 33162

**Current Mailing Address:**

960 NE 176TH ST  
MIAMI, FL 33162

**FEI Number:** 20-2626670

**Certificate of Status Desired:** No

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

ROSENFELD, ELIMELECH D  
960 NE 176TH ST  
MIAMI, FL 33162 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

**Officer/Director Detail :**

Title PD  
Name ROSENFELD, ELIMELECH D  
Address 960 NE 176TH ST  
City-State-Zip: MIAMI FL 33162

Title VPSD  
Name ROSENFELD, SARAH  
Address 960 NE 176TH ST  
City-State-Zip: MIAMI FL 33162

Title D  
Name LIPSZYC, ABRAHAM  
Address 1948 NE 123RD ST - # 105  
City-State-Zip: N MIAMI FL 33181

Title D  
Name KOPELMAN, JEFF  
Address 840 NE 171ST ST  
City-State-Zip: MIAMI FL 33162

Title D  
Name SPALTER, YITZCHOK  
Address 615 NE 173RD TER  
City-State-Zip: MIAMI FL 33162

*I hereby 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 all other like empowered.*

**SIGNATURE:** ELIMELECH ROSENFELD

VPSD

03/04/2015

Electronic Signature of Signing Officer/Director Detail

Date