

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010555

**Entity Name:** CHABAD LUBAVITCH OF PEMBROKE PINES, INC.

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC6338955296**

**Current Principal Place of Business:**

17900 NW 5 ST.  
104  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

17900 NW 5 ST.  
104  
PEMBROKE PINES, FL 33029 US

**FEI Number: 03-0573042**

**Certificate of Status Desired: No**

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

ANDRUSIER, MORDECHAI RABBI  
590 SW 178 WAY  
PEMBROKE PINES, FL 33029 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: MORDECHAI ANDRUSIER**

**01/17/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ANDRUSIER, MORDECHAI RABBI  
Address 17900 NW 5 ST.  
104  
City-State-Zip: PEMBROKE PINES FL 33029

Title TD  
Name ANDRUSIER, MORDECHAI  
Address 590 SW 178 WAY  
City-State-Zip: PEMBROKE PINES FL 33029

Title DIRECTOR  
Name ANDRUSIER, CELESTE  
Address 590 SW 178 WAY  
City-State-Zip: PEMBROKE PINES FL 33029

Title TD  
Name GOLDSHMID, YITZCHOK  
Address 18310 NW 10 ST  
City-State-Zip: PEMBROKE PINES FL 33029

Title TRUSTEE  
Name KAPELUSCHNIK, DAN RABBI  
Address 17900 NW 5 ST.  
104  
City-State-Zip: PEMBROKE PINES FL 33029

*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: MORDECHAI ANDRUSIER**

**DIRECTOR**

**01/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date