

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010555

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

**Current Principal Place of Business:**

18490 JOHNSON STREET  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18490 JOHNSON STREET  
PEMBROKE PINES, FL 33029 US

**FEI Number: 03-0573042**

**Certificate of Status Desired: No**

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

ANDRUSIER, MORDECHAI RABBI  
18490 JOHNSON STREET  
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**

**02/13/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            ANDRUSIER, MORDECHAI RABBI  
Address        18490 JOHNSON STREET  
                  104  
City-State-Zip: PEMBROKE PINES FL 33029

Title            DIRECTOR  
Name            ANDRUSIER, CELESTE  
Address        1021 NW 179TH AVE  
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        7964 NW 18TH CT  
City-State-Zip: PEMBROKE PINES FL 33024

*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**

**02/13/2024**

Electronic Signature of Signing Officer/Director Detail

Date