

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

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 737250

1. Entity Name
JEWISH FEDERATION HOUSING, INC.



Principal Place of Business
**757 WEST AVENUE
MIAMI BEACH, FL 33139 US**

Mailing Address
**757 WEST AVENUE
MIAMI BEACH, FL 33139 US**



01242006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-1715089

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOLOMON JACOB
4200 BISCAYNE BLVD
MIAMI, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KRAVITZ, STEVEN J.
STREET ADDRESS	18735 NE 21ST AVE
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	TD
NAME	SOLOMON, JACOB
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL
TITLE	MS
NAME	YUDEWITZ, BRUCE
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	GOODMAN, MARTIN B
STREET ADDRESS	16110 W PRESTWICK PLACE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/06-80038-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Bruce Yudewitz** 1/25/06 305-531-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #