


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 08:00 AM
Secretary of State

| | | | |
|--|--|---|---|
| DOCUMENT # 749351 | |  | |
| 1. Entity Name HOLOCAUST DOCUMENTATION AND EDUCATION CENTER, INC. | | | |
| Principal Place of Business 13899 BISCAYNE BLVD #404 NORTH MIAMI BEACH FL 33181 US | | Mailing Address 13899 BISCAYNE BLVD #404 NORTH MIAMI BEACH FL 33181 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent GOLDSTEIN, GOLDIE R HOLOCAUST DOC. & ED. CENTER, INC. 13899 BISCAYNE BLVD NORTH MIAMI BEACH FL 33181 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | |
| FL | | Zip Code | |
| 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 | | DATE | |
| <i>Signature, typed or printed name of registered agent and title if applicable</i> | | <i>(NOTE: Registered Agent signature required when reinstating)</i> | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | VPD HOFRICHTER, RITA 251-174TH ST., #1819 N. MIAMI BEACH FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | VD GOLDSTEIN, GOLDIE R 11470 VICTORIA CIR. BOYNTON BEACH FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | EVPD KENIGSBERG, ROSITA 520 HOLIDAY DRIVEA HALLANDALE FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | PD LEVY, HARRY A 16445 COLLINS AVE #1 B SUNNY ISLES FL 33160 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | SD SYLIVA, ZIFFER 2365 NE 199TH ST. MIAMI FL 33180 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | TD MATLUCK, KAREN 20155 N.E. 38TH COURT #1801 AVENTURA FL 33180 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rositta E. Kenigsberg | | Date: 4/19/05 | |
| <i>Rositta E. Kenigsberg</i> | | 305-919-5690 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1992826** Applied For Not Applicable

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

U00000320779
04/21/05-80052-002 61.25