


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90039 001 ****61.25

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 - No P.O. Box #
2031 Harrison Street

3. Mailing Address
2031 Harrison Street


Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip Country
33020 USA

Zip Country
33020 USA



04092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1992826

Applied For
Not Applicable

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

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 Rositta E. Kenigsberg

Street Address (P.O. Box Number is Not Acceptable)
2031 Harrison Street

City Hollywood FL Zip Code 33020

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 *Rositta E. Kenigsberg* DATE 4/10/07

Signature, typed or printed name of registered agent and, if it applies, (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOFRICHTER, RITA 251-174TH ST., #1819 N. MIAMI BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDSTEIN, GOLDIE R 11470 VICTORIA CIR. BOYNTON BEACH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD KENIGSBERG, ROSITA (Rositta) 520 HOLIDAY DRIVE A HALLANDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, HARRY A 16445 COLLINS AVE #1 B SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYLIVA, ZIFFER 2365 NE 199TH ST. MIAMI, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATLUCK, KAREN 20155 N.E. 38TH COURT #1801 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marilyn, Potash 1890 NE 197 Terrace North Miami Beach, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Susie, Eckelsberg 401 Alameda Drive Hallandale, FL 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Marshall H. Berkson 111 Palm Avenue Star Island Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Dr. Abe, Fischler 8040 Banyan Way Tamarac, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sylvia Ziffer 2305 NE 199 street Miami, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ellie, Kutz 5033 Live Oak Terrace FL Lauderdale, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Rositta E. Kenigsberg* Executive VP. DATE: 4/10/07 DAYTIME PHONE: 954-929-5690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40058400
749351

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ✓ Craig, Milan 76 SW 18 Terrace Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ✓ Sandy, Miot 2500 Weston Road #302 Weston, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ✓ Mayor Chuck Sussman 1079 Hillsboro Mile Hillsboro Beach, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition