


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 762630	
1. Entity Name HOLOCAUST SURVIVORS OF SOUTH FLORIDA, INC.	

Principal Place of Business 8358 W. OAKLAND PARK BLVD. SUITE 203F FT. LAUDERDALE, FL 33351 US	Mailing Address 8358 W. OAKLAND PARK BLVD. SUITE 203F FT. LAUDERDALE, FL 33351 US
--	--

DO NOT WRITE IN THIS SPACE

01092007 No Chg-NP		CR2E037 (4/06)
4. FEI Number 59-2223621	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRIDMAN, MIRAIM
 3301 ARVBA WAY APT M4
 POMPANO BEACH, FL 33066

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIDMAN, MIRIAM 3301 ARUBA WAY M4 POMPANO BEACH, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEISSMAN, LEO 10145 SUNRISE LAKES BOULEVARD SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA PIERSON, FELIX 6203 SEASIDE TERR. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LITT, JOSEPH 3203 POTOFINO POINT COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHAGRIN, LEON 3900 NW 76TH AVE SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUFER, ALLAN 12221 GLENMORE DRIVE POMPANO BEACH, FL 33071

U00000585472
 01/16/07-80014-006 61.25

DO NOT WRITE IN THIS SPACE

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: ALLAN LAUFER 1/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DIRECTOR