


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N14263 1. Entity Name HOLOCAUST SURVIVORS OF THE PALM BEACHES, INC.	
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Principal Place of Business C/O ED LEFKOWITZ 1131 SURF RD RIVIERA BEACH FL 33404 US	Mailing Address C/O ED LEFKOWITZ 1131 SURF RD RIVIERA BEACH FL 33404 US
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2387747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEFKOWITZ, ED 1131 SURF RD RIVIERA BEACH FL 33404	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE	PD LEFKOWITZ, ED <input type="checkbox"/> Delete
NAME	1131 SURF RD
STREET ADDRESS	RIVIERA BEACH FL 33404
CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete
NAME	GASTWIRTH, ESTHER
STREET ADDRESS	223 SOUTHAMPTON B
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	STD <input type="checkbox"/> Delete
NAME	KAUFMAN, HENRY
STREET ADDRESS	108 LAKE TERRY DR
CITY-ST-ZIP	WEST PALM BEACH FL 33411-9235
TITLE	D <input type="checkbox"/> Delete
NAME	GLEITMAN, JOSEPH
STREET ADDRESS	101 LAKE REBECCA DR
CITY-ST-ZIP	WEST PALM BEACH FL 33411-3372
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000059201
CITY-ST-ZIP	02/20/04-80071-020 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **PLM.S.** 2.22 561.843-4089

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