


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/06)

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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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	

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 re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete LFKOWITZ, ED 1131 SURF RD RIVIERA BEACH FL 33404
TITLE	VD <input type="checkbox"/> Delete GASTWIRTH, ESTHER 223 SOUTHAMPTON B WEST PALM BEACH FL 33417
TITLE	STD <input type="checkbox"/> Delete BERKENWALD, IZY 220 LAKE MERYL DR WEST PALM BEACH FL 33411-3336
TITLE	D <input type="checkbox"/> Delete GLEITMAN, JOSEPH 101 LAKE REBECCA DR WEST PALM BEACH FL 33411-3372
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1100000659319
03/16/07-800.26-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ed Lefkowitz ED LEFKOWITZ 3.5.07 561-842-4089