


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90012 019 ****61.25

DOCUMENT # N14263
 1. Entity Name
HOLOCAUST SURVIVORS OF THE PALM BEACHES, INC.



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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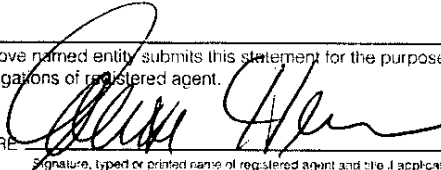
2. Principal Place of Business, No P.O. Box # C/O COLETTE HERMAN 113 LAKE PAULA DR. WEST PALM BEACH, FL	3. Mailing Address C/O COLETTE HERMAN 113 LAKE PAULA DR. WEST PALM BEACH, FL
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1st MOORE CR2E037 (10/07)

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: COLETTE HERMAN Street Address (P.O. Box Numbers Not Acceptable): 113 LAKE PAULA DR. City: WEST PALM BEACH, FL Zip Code: 33411
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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:  COLETTE HERMAN, PRESIDENT 2/21/08
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: LEFKOWITZ, ED STREET ADDRESS: 1131 SURF RD CITY-ST-ZIP: RIVIERA BEACH FL 33404 <input checked="" type="checkbox"/> Delete		TITLE: PRESIDENT NAME: HERMAN, COLETTE STREET ADDRESS: 113 LAKE PAULA DR. CITY-ST-ZIP: WEST PALM BEACH FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: VD NAME: GASTWIRTH, ESTHER STREET ADDRESS: 223 SOUTHAMPTON B CITY-ST-ZIP: WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete		TITLE: TREASURER NAME: FAYE BECKER, FAYE STREET ADDRESS: 7634 NEMEC DR. S. CITY-ST-ZIP: WEST PALM BEACH, FL 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: STD NAME: BERKENWALD, IZY STREET ADDRESS: 220 LAKE MERYL DR CITY-ST-ZIP: WEST PALM BEACH FL 33411-3336 <input checked="" type="checkbox"/> Delete			
TITLE: D NAME: GLEITMAN, JOSEPH STREET ADDRESS: 101 LAKE REBECCA DR CITY-ST-ZIP: WEST PALM BEACH FL 33411-3372 <input type="checkbox"/> Delete			

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:  COLETTE HERMAN, PRESIDENT 2/21/08