


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N14347
 1. Entity Name
HOLOCAUST MEMORIAL COMMITTEE, INC.



Principal Place of Business 1933 MERIDIAN AVE MIAMI BCH., FL 33139 US	Mailing Address 1933-1945 MERIDIAN AVE. MIAMI BCH, FL 33139 US
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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2659641	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, HARRY B
RUDEN BARNETT
701 BRICKELL AVE #1900
MIAMI, FL 33131

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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 reconstating) DATE: _____

Filing Fee is \$61.25
Due by May 1, 2008

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	P MUSS, SANDRA 1800 W 25TH ST MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATZ, EZRA 2665 SO BAYSHORE DR COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREISTER, KENNETH 3660 BATTERSEA RD COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHAECTER, DAVID DNS 3000 NW 125 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROTHFIELD, WENDY 2000 ISLAND BLVD #406 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RESNICK, JAMES 1228 ALTON RD MIAMI BEACH, FL 33139

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 01/14/08-80004-021 70.00

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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: JAMES RESNICK VP **1-1-08** **305-5381663**

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