


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT


FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # N95000006025
1. Entity Name
HOLLANDER BROTHERS FOUNDATION, INC.



| | |
|--|---|
| Principal Place of Business 3109 STIRLING ROAD SUITE 200 FORT LAUDERDALE, FL 33312 | Mailing Address 3109 STIRLING ROAD SUITE 200 FT. LAUDERDALE, FL 33112 |
|--|---|

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

| | |
|---|---|
| 4. FEI Number 65-0632111 | 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

**HOLLANDER, WALTER J
3109 STIRLING ROAD
SUITE 200
FT. LAUDERDALE, FL 33112**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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 | D HOLLANDER, WALTER J 3109 STIRLING RD., SUITE 200 FT. LAUDERDALE, FL 33112 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ACKERMAN, MELISSA 3109 STIRLING RD.#200 FT. LAUDERDALE, FL 33112 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ABRAHAM, RONALD D 2699 STIRLING RD. SUITE B-100 FT. LAUDERDALE, FL 33312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

03/07/07 \$00474010 61.25

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 an other like empowered.

SIGNATURE WALTER J. HOLLANDER, Dir **Date** 2-2007(954) 962-9720 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR