

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 748032**

1. Entity Name  
**JEWISH FEDERATION HOUSING II, INC.**



Principal Place of Business  
**10905 SW 112TH AVE  
MIAMI, FL 33176**

Mailing Address  
**10905 SW 112TH AVE  
MIAMI, FL 33176**

**DO NOT WRITE IN THIS SPACE**



01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1967932**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SOLOMON JACOB  
4200 BISCAYNE BLVD  
MIAMI, FL 33137**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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  
**TD  
JACOB, SOLOMON  
4200 BISCAYNE BLVD  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
KRAVITZ, STEVEN J.  
18735 NE 21ST AVE  
N MIAMI BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MS  
YUDEWITZ, BRUCE  
4200 BISCAYNE BLVD  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GOODMAN, MARTIN B  
16110 W PRESTWICK PL  
MIAMI LAKES, FL 33014**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000430178  
02/22/06-80038-011 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Bruce Yudewitz*  
Bruce Yudewitz

1/25/06

305-531-2388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #