

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90039 001 \*\*\*\*61.25

<b>DOCUMENT # 749351</b>					
<b>1. Entity Name</b> HOLOCAUST DOCUMENTATION AND EDUCATION CENTER, INC.					
<b>Principal Place of Business</b> 13899 BISCAYNE BLVD #404 NORTH MIAMI BEACH, FL 33181 US			<b>Mailing Address</b> 13899 BISCAYNE BLVD #404 NORTH MIAMI BEACH, FL 33181 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2031 Harrison Street		<b>3. Mailing Address</b> 2031 Harrison Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Hollywood, FL		<b>City &amp; State</b> Hollywood, FL		<b>4. FEI Number</b> 59-1992826	
<b>Zip</b> 33020		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> GOLDSTEIN, GOLDIE R HOLOCAUST DOC. & ED. CENTER, INC. 13899 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181			<b>7. Name and Address of New Registered Agent</b> Name: Rositta E. Kenigsberg Street Address (P.O. Box Number is Not Acceptable): 2031 Harrison Street City: Hollywood FL Zip Code: 33020		
<b>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.</b> SIGNATURE: <i>Rositta E. Kenigsberg</i> DATE: 4/10/07 <small>Signature, typed or printed name of registered agent and, if it applies, (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOFRICHTER, RITA <input type="checkbox"/> Delete 251-174TH ST., #1819 N. MIAMI BEACH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete GOLDSTEIN, GOLDIE R 11470 VICTORIA CIR. BOYNTON BEACH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD <input type="checkbox"/> Delete KENIGSBERG, ROSITA (Rosita) 520 HOLIDAY DRIVEA HALLANDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete LEVY, HARRY A 16445 COLLINS AVE #1 B SUNNY ISLES, FL 33160				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete SYLIVA, ZIFFER 2365 NE 199TH ST. MIAMI, FL 33180				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete MATLUCK, KAREN 20155 N.E. 38TH COURT #1801 AVENTURA, FL 33180				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Marilyn, Potash 1890 NE 191 Terrace North Miami Beach, FL 33179					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Susie, Eckelsberg 401 Alameda Drive Hallandale, FL 33029					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Marshall H. Berkson 111 Palm Avenue Star Island Miami Beach, FL 33139					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Dr. Abe, Fischler 8440 Banyan Way Tamarac, FL 33321					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Sylvia Ziffer 2305 NE 199 street Miami, FL 33180					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Elliot, Kutz 5033 Live Oak Terrace Ft. Lauderdale, FL 33312					
<b>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.</b>					
SIGNATURE: <i>Rositta E. Kenigsberg</i> Executive VP. DATE: 4/10/07 DAYTIME PHONE: 954-929-5690 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40058400  
# 749351

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ✓ Craig, Milan 76 SW 18 Terrace Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ✓ Sandy, Miot 2500 Weston Road #302 Weston, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ✓ Mayor Chuck Sussman 1079 Hillsboro Mile Hillsboro Beach, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  