

**2004-NOT-FOR-PROFIT-CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90027 037 ****70.00

DOCUMENT # 764662 1. Entity Name YAD V'KIDUSH HASHEM - HOUSE OF MARTYRS, INC.					
Principal Place of Business 4200 SHERIDAN AVE. 9000 SHERIDAN AVE. MIAMI BEACH FL 33140			Mailing Address P.O. BOX 040032 BROOKLYN NY 11204-0002 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0337481	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBIN, HYMAN 4200 SHERIDAN AVENUE MIAMI BEACH FL 33140				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RUBIN, RABBI MENACHEM 4200 SHERIDAN AVENUE MIAMI BEACH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBIN, HYMAN 4200 SHERIDAN AVENUE MIAMI BEACH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES / Treas.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOROWITZ, HANA 1454 COEAN PARKWAY BROOKLYN NY-11230		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Engel; moshe 953 53rd St. BROOKLYN, NY 11219	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, MENACHEM 4200 SHERIDAN AVENUE MIAMI BEACH FL 33140		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMT ROTTENBERG, MALKA 4701 15TH AVE #1B BROOKLYN NY 11219		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Hyman Rubin</i>			3/9/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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MOORE CR2E037 (11/03)