2007 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

May 02, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #764662** 05-02-2007 90043 037 ****70.00 YAD V'KIDUSH HASHEM - HOUSE OF MARTYRS, INC. Principal Place of Business Mailing Address 4200 SHERIDAN AVENUE P.O. BOX 040032 MIAMI BEACH, FL 33140 BROOKLYN, NY 11204-0002 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Chg-NP CR2E037 (12/06) City & State City & State Applied For FEI Number 65-0337481 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Corporate Registeral Street Address P.O. Box Number is No Acceptable) RUBIN, HYMAN 4200 SHERIDAN AVENUE MIAMI BEACH, FL 33140 <u>34</u>103 Zip Code Noples 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 reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TITLE MILE ☐ Delete Change Addition RUBIN, YVETTE NAME **1875 53RD STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11204 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete RUBIN, HYMAN NAME NAME 4200 SHERIDAN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL CITY-ST-ZIP TENE ☐ Delete TITLE Change ■ Addition NAME ENGEL, MOSHE NAME 953 53RD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11219 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE ROTTENBERG, MALKA MAMF NAME STREET ADDRESS 4701 15TH AVE #1B STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11219 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TILLE MAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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.

ED MAME OF SIGNING OFFICER OR DIRECTOR

FILED





Mailing Address:

Post Office Box 04-0032 Brooklyn, New York 11204

Telephone & Fax : 718-234-0359

4200 Sheridan Avenue, Miami Beach, Florida 33140 (305) 532-0363

April 30, 2007

We tried to file this online several times today and kept getting an error message. Therefore, enclosed is the report – overnight.