


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 764662 1. Entity Name YAD V'KIDUSH HASHEM - HOUSE OF MARTYRS, INC.	
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FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business 4200 SHERIDAN AVENUE MIAMI BEACH, FL 33140 US	Mailing Address P.O. BOX 040032 BROOKLYN, NY 11204-0002 US
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07152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0337481	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent CORPORATE REGISTERED AGENT LLC 5147 CASTELLO DR NAPLES, FL 34103

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$81.25
Due by September 12, 2008**

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 RUBIN, YVETTE 1875 53RD STREET BROOKLYN, NY 11204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RUBIN, HYMAN 4200 SHERIDAN AVENUE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ENGEL, MOSHE 953 53RD ST. BROOKLYN, NY 11219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTTENBERG, MALKA 4701 15TH AVE #1B BROOKLYN, NY 11219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/22/08-80011-015 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:  7-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #