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

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F05000002773

WORLD JEWISH CONGRESS FOUNDATION, INC.



Principal Place of Business Mailing Address

2125 BISCAYNE BLVD STE 310 MIAMI, FL 33137

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## **FILED** Apr 27, 2006 08:00 AN Secretary of State



04172006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 20-2690833

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

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TALLAHASSEE, FL 32301-2525			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 reinstating)  DATE					
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZISES, SEYMOUR 485 MADISON AVENUE 19TH FL NEW YORK, NY 10022	•			U00000538245 05/09/06-80050-005 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIDERMAN, ABRAHAM 230 PARK AVENUE FIFTH FL NEW YORK, NY 10169				
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	D HOCHBERG, FRED 40 FIFTH AVENUE NEW YORK, NY 10011			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED JULI, HERBERT 5 ISLAND AVENUE APT 7H MIAMI BEACH, FL 33139			IN	THIS SPACE
FITLE NAME STREET ADDRESS CITY-ST:ZIP					
RITLE NAME STREET ADDRESS CITY-ST-ZIP		·			
12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director					

of the corporation or the receiver or thistie empowered to execute this veport 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 actives, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR