

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90020 046 \*\*\*\*61.25

<b>DOCUMENT # N01000000636</b>					
<b>1. Entity Name</b> GREATER MIAMI HILLEL FOUNDATION, INC.					
<b>Principal Place of Business</b> 1100 STANFORD DRIVE CORAL GABLES, FL 33146			<b>Mailing Address</b> 1100 STANFORD DRIVE CORAL GABLES, FL 33146		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012006    Chg-NP    CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 53-0238141	
Zip		Country		<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>				<b>7. Name and Address of New Registered Agent</b>	
HOROWITZ, HOWARD 5890 SOUTH PINE ISLAND ROAD DAVIE, FL 33328				Name <u>JOEL BERGER</u> Street Address (P.O. Box Number is Not Acceptable) <u>1100 STANFORD DRIVE</u> City <u>CORAL GABLES</u> FL    Zip Code <u>33146</u>	
<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 <u>[Signature]</u> <u>JOEL BERGER</u> <u>02/01/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
<b>Filing Fees \$61.25</b> <b>Due by May 1, 2006</b>		<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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KOENIGSBERG, DEBORAH 11340 SOUTHWEST 60TH COURT PINECREST, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BARY HACKER 3300 N. 29 AVE #102 HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, HOWARD 5890 PINE ISLAND ROAD DAVIE, FL 33328	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHURR, RICHARD 10867 SOUTHWEST 88TH TERRACE MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<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>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>Debby Koenigsberg</u> <u>2/1/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

(305) 962-5250