
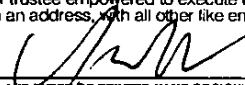


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90028 032 ****61.25

DOCUMENT # N04000000954 1. Entity Name JEWISH HERITAGE DAY FOUNDATION, INC.																																																																																																																										
Principal Place of Business 22160 VERBENA WAY BOCA RATON, FL 33433-4813				Mailing Address 22160 VERBENA WAY BOCA RATON, FL 33433-4813																																																																																																																						
2. Principal Place of Business		3. Mailing Address 7040 W. Palmetto Pk. Rd.																																																																																																																								
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB-201																																																																																																																								
City & State		City & State BOCA RATON FL																																																																																																																								
Zip 33433	Country USA	4. FEI Number 55-0856824		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																																						
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																						
6. Name and Address of Current Registered Agent LAW OFFICES OF STEPHEN G. MELCER C/O JONATHAN D. LOUIS 4800 NORTH FEDERAL HIGHWAY SUITE 300-D BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																										
Filing Fee is \$61.25 Due by May 1, 2006		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																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">COB</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAAB, YARON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22160 VERBENA WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 334334813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAAB, YARON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22160 VERBENA WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 334334813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WEISSBERG, LEON DR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9901 DONNA KLEIN BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33428</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHUCHMAN, SIDNEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9901 DONNA KLEIN BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33428</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JACOB, BEVERLY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7409 ANDORRA PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33433</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRIER, AVI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1909 TYLER STREET, SUITE 301</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33020</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	COB	<input type="checkbox"/> Delete	NAME	RAAB, YARON		STREET ADDRESS	22160 VERBENA WAY		CITY-ST-ZIP	BOCA RATON, FL 334334813		TITLE	PD	<input type="checkbox"/> Delete	NAME	RAAB, YARON		STREET ADDRESS	22160 VERBENA WAY		CITY-ST-ZIP	BOCA RATON, FL 334334813		TITLE	VD	<input type="checkbox"/> Delete	NAME	WEISSBERG, LEON DR.		STREET ADDRESS	9901 DONNA KLEIN BLVD.		CITY-ST-ZIP	BOCA RATON, FL 33428		TITLE	TD	<input type="checkbox"/> Delete	NAME	SCHUCHMAN, SIDNEY		STREET ADDRESS	9901 DONNA KLEIN BLVD.		CITY-ST-ZIP	BOCA RATON, FL 33428		TITLE	DS	<input type="checkbox"/> Delete	NAME	JACOB, BEVERLY		STREET ADDRESS	7409 ANDORRA PLACE		CITY-ST-ZIP	BOCA RATON, FL 33433		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	FRIER, AVI		STREET ADDRESS	1909 TYLER STREET, SUITE 301		CITY-ST-ZIP	HOLLYWOOD, FL 33020		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  YARON RAAB 1/15/06 561-702-7663 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																										