


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State


02-18-2005 90066 048 ****61.25

DOCUMENT # N25954	
1. Entity Name	
HABONIM CULTURAL CLUB-SURVIVORS OF THE HOLOCAUST INC.	

Principal Place of Business	Mailing Address
2609 NE 10TH ST. HALLANDALE FL 33009	C/O MICHAEL JACOBS-GODLEWICZ 2609 NE 10TH ST. HALLANDALE FL 33009

2. Principal Place of Business	3. Mailing Address
601 THREE ISLANDS BLVD. Suite, Apt. #, etc. #409	601 THREE ISLANDS BLVD. Suite, Apt. #, etc. #409

City & State	City & State
HALLANDALE, FL 33009	HALLANDALE, FL 33009
Zip	Country
33009	USA

	
1st MOORE	CR2E037 (10/04)
4. FEI Number	Applied For
65-0058563	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACOBS, MICHAEL 2609 NE 10 STREET HALLANDALE FL 33009	Name GODLEWICZ, MICHAEL
	Street Address (P.O. Box Number is Not Acceptable) 601 THREE ISLANDS BLVD. #409
	City HALLANDALE
	FL
	Zip Code 33009

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 Michael Godlewicz **DATE** 2/9/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWECHER, CHARLES	NAME	
STREET ADDRESS	1904 SOUTH OCEAN DRIVE #306	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	CITY-ST-ZIP	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASSON, SAM	NAME	
STREET ADDRESS	178001 ATLANTIC BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	CITY-ST-ZIP	
TITLE	S	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACHS, JOSEPH	NAME	
STREET ADDRESS	290 171 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	CITY-ST-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, MICHAEL	NAME	
STREET ADDRESS	2609 NE 10TH ST.	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODLEWICZ, MICHAEL	NAME	
STREET ADDRESS	601 THREE ISLANDS BLVD	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 exemption stated in Section 119.07(3)(i), 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: Michael Godlewicz **DATE** 2/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR