


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N35656

1. Entity Name
HEDVA EIBESHUTZ INSTITUTE OF HOLOCAUST STUDIES, INC.



Principal Place of Business 1761 E 19 ST BROOKLYN, NY 11229 US	Mailing Address 1761 E 19 ST BROOKLYN, NY 11229 US
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DO NOT WRITE IN THIS SPACE



07282004 No Chg-NP CR2E037 (10/03)

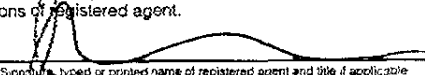
4. FEI Number 65-0228795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EIBESHITZ, JEHOShUA
 6900 BAY DRIVE
 #4D
 MIAMI BEACH, FL 33141

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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:  DATE: _____

Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000169889
 08/12/04-80001-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD EIBESHUTZ, JEHOShUA 6900 BAY DRIVE, #4D MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EILENBERG, ANNA 6900 BAY DRIVE, #4D MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EILENBERG, ELI M 1761 EAST 19 STREET BROOKLYN, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE 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 exemption stated in Section 119.07(3)(f), 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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR