

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760444

**FILED**  
**Mar 16, 2004**  
**Secretary of State****Entity Name:** HIRSCHHORN FOUNDATION, INC.**Current Principal Place of Business:**2600 DOUGLAS RD. PH1  
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**2600 DOUGLAS RD. PH1  
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:** 59-2159670**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HIRSCHHORN, JOEL  
2600 DOUGLAS RD. PH1  
CORAL GABLES, FL 33134**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** HIRSCHHORN, JOEL,  
**Address:** 2600 DOUGLAS, RD. PH1  
**City-St-Zip:** CORAL GABLES, FL**Title:** STD ( ) Delete  
**Name:** HIRSCHHORN, EVELYN,  
**Address:** 2600 DOUGLAS RD. PH1  
**City-St-Zip:** CORAL GABLES, FL**Title:** VPFD ( ) Delete  
**Name:** HIRSCHHORN, DOUGLAS  
**Address:** 46 SCHENCK AVE.  
**City-St-Zip:** GREAT NECK, NY 11021**Title:** VP ( ) Delete  
**Name:** HIRSCHHORN, BENNETT K  
**Address:** 2269 CHESTNUT ST, #634  
**City-St-Zip:** SAN FRANCISCO, CA 94123**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL HIRSCHHORN

PD

03/16/2004

Electronic Signature of Signing Officer or Director

Date