2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# 760444

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 US

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 (X) 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: VPFD (X) Change ( ) Addition
Name: HIRSCHHORN, DOUGLAS
Address: 185 SCHENCK AVE.
City-St-Zip: GREAT NECK, NY 11021

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 PRES 01/13/2005

Electronic Signature of Signing Officer or Director — Date