2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2008
Secretary of State

DOCUMENT# 760444

Entity Name: HIRSCHHORN FOUNDATION, INC.

Current Principal Place of Business:

550 BILTMORE WAY
PENTHOUSE THREE A
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

550 BILTMORE WAY
PENTHOUSE THREE A
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
550 BILTMORE WAY
PENTHOUSE THREE A
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:	550 BILTMORE WAY, PENTHOUSE THREE A	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	STD	( ) Delete
Name:	HIRSCHHORN, EVELYN,	
Address:	550 BILTMORE WAY, PENTHOUSE THREE A	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VPFD	( ) Delete
Name:	HIRSCHHORN, DOUGLAS	
Address:	12010 PINE NEEDLE LANE	
City-St-Zip:	PINECREST, FL 33156	
Title:	VPBD	( ) Delete
Name:	HIRSCHHORN, AMY	
Address:	12010 PINE NEEDLE LANE	
City-St-Zip:	PINECREST, FL 33156	

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 exemption stated 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 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 01/12/2008

Electronic Signature of Signing Officer or Director — Date