


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90025 004 \*\*\*\*61.25

DOCUMENT # N04000011815					
1. Entity Name LAQUER FOUNDATION, INC.					
Principal Place of Business 444 BRICKELL AVENUE SUITE 650 MIAMI, FL 33131			Mailing Address 444 BRICKELL AVENUE SUITE 650 MIAMI, FL 33131		
2. Principal Place of Business 200 S. BISCAYNE BLVD. Suite, Apt. #, etc. #2930		3. Mailing Address 200 S. BISCAYNE BLVD. Suite, Apt. #, etc. #2930		07062006 Chg-NP CR2E037 (4/06)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0807195	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SACHER, CHARLES P ESQ. 2655 LEJEUNE ROAD SUITE 1101 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LAQUER, EDITH E 444 BRICKELL AVENUE, SUITE 650 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 S. BISCAYNE BLVD., SUITE 2930 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SACHER, CHARLES P 2655 LEJEUNE ROAD SUITE 1101 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE: _____			Date: 07/06/06 314-6116		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		