# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2009**
**Secretary of State**

DOCUMENT# N04000011815

**Entity Name:** LAQUER FOUNDATION, INC.

**Current Principal Place of Business:**

200 S BISCAYNE BLVD
#2930
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

200 S BISCAYNE BLVD
#2930
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number: 65-0807195** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SACHER, CHARLES P ESQ.
2655 LEJEUNE ROAD
SUITE 1101
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: PTD ( ) Delete
Name: LAQUER, EDITH E
Address: 200 S BISCAYBE BLVD STE 2930
City-St-Zip: MIAMI, FL 33131

Title: S ( ) Delete
Name: SACHER, CHARLES P
Address: 2655 LEJEUNE ROAD SUITE 1101
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CHARLES P. SACHER S 01/16/2009

Electronic Signature of Signing Officer or Director Date