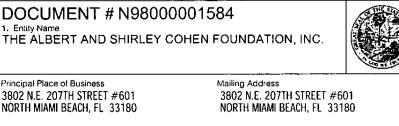
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED
Jul 12, 2007 8:00 am
Secretary of State
07.10.0007.00054.010.*******

07-12-2007 90054 018 ****61.25

THE ÁLBERT AND SHIRLEY COHEN FOUNDATION, INC.				40124483			
3802 N.E. 207TH STREET #601 3			Mailing Address 3802 N.E. 207TH STREET #601 NORTH MIAMI BEACH, FL 33180		1400		
					1 1 1 1 1 1 1 1 1 1	H4K41 6K461	
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032007 Chg-NP CR2E037 (12/06)			
City & State		City & State		4. FEI Number Applied For 65-0906933 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Sta	¢0.75 .	dditional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered Agent		
THALER, MANLEY H			Name	Name			
700 NORT	H OLIVE AVENUE LM BEACH, FL 33401		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Co	de	
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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 9. Election Campaign Fir Due by September 14, 2007 Trust Fund Contribution				\$5.00 May Be Added to Fees	Make check payable Florida Department of		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	IN 10	
TOTLE	D COURT ALBERT	Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS	COHEN, ALBERT 3802 N.E. 207TH STREET #601		NAME STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 3318	30	CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE		☐ Change	Addition	
NAME . STREET ADDRESS	COHEN, SHIRLEY 4.3 3802 N.E. 207TH STREET #601		NAME STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 3318	00	CITY-ST-ZIP				
TITLE	D	☐ Delete	HTLE		☐ Change	Addition	
NAME	THALER, MANLEY H		NAME				
STREET ADDRESS CITY-ST-ZIP	700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401		STREET ADDRESS : CITY-ST-ZIP				
TITLE	THEOT I NEW BENOTI, TE SOFT	☐ Delete	TITLE		Change	Addition	
NAME		□ Delete	NAME		C) change	Audillon	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
NAME		☐ Delete	TITLE		☐ Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	· Material Control	☐ Delele	TITLE	7.1.	Change	Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHY-ST-ZIP				
	tertify that the information supplied with	this filing does not qualify for		d in Chapter 119 Flori	da Statutes. I further certify that the	information	
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that n	ny signature shall have the	same legal effect as if	made under oath; that I am an office	er or director	

of the corporation or the receiver or trustee amount and accurate and machine singlination of the same legal effect as it 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 all other like empowered.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Despire Phone #