


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000007257**

1. Entity Name  
**ELEANOR AND MENACHEM COHEN FAMILY FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**25 S.E. SECOND AVENUE STE. 1120**      **25 S.E. SECOND AVENUE STE. 1120**  
**MIAMI, FL 33131**      **MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>65-0883308</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COHEN, ELEANOR**  
**25 SE 2ND AVE**  
**STE 1120**  
**MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000725888  
 05/03/07-80039-023 61.25

10. OFFICERS AND DIRECTORS

TITLE: PD  
 NAME: COHEN, ELEANOR  
 STREET ADDRESS: 5151 COLLINS AVE APT 431  
 CITY-ST-ZIP: MIAMI BEACH, FL 33140

TITLE: TD  
 NAME: COHEN, CANDICE  
 STREET ADDRESS: 4215 PRAIRIE AVENUE  
 CITY-ST-ZIP: MIAMI BEACH, FL 33140

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
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 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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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 all other like empowered.

SIGNATURE: Eleanor Cohen      04/20/07      305 379 7674  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**ELEANOR COHEN**