


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000007257

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



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



04292008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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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, 2008**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD COHEN, ELEANOR 5151 COLLINS AVE APT 431 MIAMI BEACH, FL 33140 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD COHEN, CANDICE 4215 PRAIRIE AVENUE MIAMI BEACH, FL 33140 |
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 05/29/08-80116#024 61.25

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* **04.29.08** **305 379 7674**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ELEANOR COHEN Date Daytime Phone #