

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N98000007257

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

Current Principal Place of Business:

25 S.E. SECOND AVENUE STE. 1120
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

25 S.E. SECOND AVENUE STE. 1120
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0883308 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COHEN, ELEANOR
25 SE 2ND AVE
STE 1120
MIAMI, FL 33131 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: PD () Delete
Name: COHEN, ELEANOR
Address: 5151 COLLINS AVE APT 431
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD () Delete
Name: COHEN, CANDICE
Address: 4215 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

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: ELEANOR COHEN

PD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date