

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003319

FILED
Jan 23, 2007
Secretary of State

Entity Name: THE AARON AND SYLVIA ROTHENBERG FAMILY FOUNDATION, INC.

Current Principal Place of Business:

39 HOMESTEAD ROAD
TENAFLY, NJ 07670

New Principal Place of Business:

110A PALM POINT CIRCLE
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

39 HOMESTEAD ROAD
TENAFLY, NJ 07670

New Mailing Address:

110A PALM POINT CIRCLE
PALM BEACH GARDENS, FL 33418

FEI Number: 65-0922300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONOFF, CRAIG ESQ.
18305 BISCAYNE BLVD.
#300
AVENTURA, FL 33160 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: WEISS, LOIS
Address: 39 HOMESTEAD ROAD
City-St-Zip: TENAFLY, NJ 07670

Title: VTD () Delete
Name: ROTHENBERG, KENNETH
Address: 10 LAUREL AVENUE
City-St-Zip: TENAFLY, NJ 07670

Title: SD () Delete
Name: ROTH, TRISHA
Address: 2800 NEILSON WAY #901
City-St-Zip: SANTA MONICA, CA 90405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEISS, LOIS
Address: 110A PALM POINT CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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 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: LOIS WEISS

PD

01/23/2007

Electronic Signature of Signing Officer or Director

_____ Date