



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 760444 1. Entity Name HIRSCHHORN FOUNDATION, INC.	
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Principal Place of Business 2600 DOUGLAS RD. PH1 CORAL GABLES, FL 33134	Mailing Address 2600 DOUGLAS RD. PH1 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



07022006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2159670	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIRSCHHORN, JOEL
2600 DOUGLAS RD. PH1
CORAL GABLES, FL 33134

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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 September 6, 2006

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 HIRSCHHORN, JOEL 2600 DOUGLAS, RD. PH1 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HIRSCHHORN, EVELYN 2600 DOUGLAS RD. PH1 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFD HIRSCHHORN, DOUGLAS 185 SCHENCK AVE. GREAT NECK, NY 11021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/07/06-80014-018 558.75

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  **Joel Hirschhorn** 7/2/06 (305)445-5320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #