

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769752

FILED
Apr 22, 2009
Secretary of State

Entity Name: MURRAY AND SHIRLEY BERKOWITZ FOUNDATION, INC.

Current Principal Place of Business:

4434 N. BAY ROAD
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4434 N. BAY ROAD
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 59-2375842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERKOWITZ, ABBEY
4434 N. BAY ROAD
MIAMI BEACH, FL 33140 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: BERKOWITZ, STEVEN
Address: 4434 N. BAY ROAD
City-St-Zip: MIAMI BEACH, FL

Title: SD () Delete
Name: BERKOWITZ, ABBEY
Address: 4434 N. BAY ROAD
City-St-Zip: MIAMI BEACH, FL

Title: STD () Delete
Name: BERKOWITZ, SHIRLEY
Address: 4434 N. BAY ROAD
City-St-Zip: MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ABBEY BERKOWITZ

SD

04/22/2009

Electronic Signature of Signing Officer or Director

Date