

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90006 045 \*\*\*\*61.25

**DOCUMENT # F99000004578**

1. Entity Name  
**THE UNICORN CHILDREN'S FOUNDATION INC.**



Principal Place of Business  
**3350 NW BOCA RATON BLVD, #A-28  
BOCA RATON, FL 33431**

Mailing Address  
**3350 NW BOCA RATON BLVD, #A-28  
BOCA RATON, FL 33431**

**40048656**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**1350 SHEYLBROOKE ST. WEST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 700**

01092007

Chg-NP

CR2E037 (12/06)

City & State

City & State

**MONTREAL, QC**

4. FEI Number

**36-3996036**

Applied For

Not Applicable

Zip

Country

Zip

Country

**H36 2T4**

**CANADA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HASSEL, ROSETTA S  
3350 NW BOCA RATON BLVD  
A-28  
BOCA RATON, FL 33431**

Name **ROSENBLUM, VALERIA**

Street Address (P.O. Box Number is Not Acceptable)

**3350 NW BOCA RATON BLVD A-28**

City **BOCA RATON**

**FL**

Zip Code  
**33431**

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

*Valeria Rosenblum*

**March 15/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSENBLUM, VALERIE</b>	
STREET ADDRESS	<b>3350 NW BOCA RATON BLVD A-28</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TREASURER / DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSENBLUM, MIKE</b>	
STREET ADDRESS	<b>3350 NW BOCA RATON BLVD - A-28</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSENBLUM, MIKE</b>	
STREET ADDRESS	<b>3350 NW BOCA RATON BLVD - A-28</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Valeria Rosenblum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 15/07**

Date

Daytime Phone #