2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # N00000003614

1. Entity Name
THE PAIRS FOUNDATION, INC.

Principal Place of Business	Mailing Address
2771 EXECUTIVE PARK DRIVE #1 WESTON, FL 33331 US	2771 EXECUTIVE PARK DRIVE WESTON, FL 33331 US

01082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
52-1327867

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, LORI H
1056 CREEKFORD DRIVE
WESTON, FL 33326

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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 May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GORDON, LORI H
STREET ADDRESS	1056 CREEKFORD DRIVE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	D
NAME	HURVITZ, JUDY
STREET ADDRESS	3705 SOUTH GEORGE MASON DRIVE, #1404
CITY-ST-ZIP	FALLS CHURCH, VA 22041
TITLE	D
NAME	EISENBERG, DAVID
STREET ADDRESS	100 WHITMAN ROAD
CITY-ST-ZIP	BOSTON, MA 02492
TITLE	D
NAME	CARON, DAVID FATHER
STREET ADDRESS	5909 NW 7 STREET
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	EISENBERG, SETH D
STREET ADDRESS	19125 STONEBROOK STREET
CITY-ST-ZIP	WESTON, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/08-80017-008 61.25

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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: Lori Gordon 1/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #