


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000004016**

1. Entity Name  
**LE BEAR (YOU ARE SPECIAL) FOUNDATION, INC.**



Principal Place of Business  
**12925 SOUTHWEST 102ND COURT**  
**MIAMI, FL 33176**

Mailing Address  
**7525 SW 115 ST**  
**MIAMI, FL 33156**

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0924091**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, ALBERT**  
**11420 NORTH KENDALL DR #203**  
**MIAMI, FL 33176**

**DO NOT WRITE IN THIS SPACE**

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, 2007**

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

U00000614487  
~~02/06/07 00000 018 61.25~~

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GINSBERG, RONNIE 12925 SOUTHWEST 102ND COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPATZER, SUSAN 7525 SW 115 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KATZ, ELAINE 3471 MAIN HWY #727 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAROCAS, NADINE 12925 SOUTHWEST 102ND COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Ronnie S. Ginsberg *Ronnie S Ginsberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #