


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000004016
 1. Entity Name
LE BEAR (YOU ARE SPECIAL) FOUNDATION, INC.



Principal Place of Business Mailing Address
12925 SOUTHWEST 102ND COURT **7525 SW 115 ST**
MIAMI, FL 33176 **MIAMI, FL 33156**

DO NOT WRITE IN THIS SPACE



03152008 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

U00000875996
 04/11/08-80055-011 61.25

10. OFFICERS AND DIRECTORS

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

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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: *Susan M Spatzer* **3-28-08** **305-251-8942**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #