

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90164 010 ****61.25

DOCUMENT # N01000003438

1. Entity Name
STRATEGIC MINDSHARE FOUNDATION, INC.



Principal Place of Business
**1401 BRICKELL AVENUE SUITE 640
MIAMI, FL 33131**

Mailing Address
**1401 BRICKELL AVENUE SUITE 640
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1104774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STRATEGIC MINDSHARE CONSULTING, INC.
1401 BRICKELL AVENUE SUITE 640
MIAMI, FL 33131**

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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 _____

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, CYNTHIA R 1401 BRICKELL AVENUE SUITE 640 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN, ELLEN 1401 BRICKELL AVENUE SUITE 640 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, PAULA 1401 BRICKELL AVENUE SUITE 640 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYNTHIA COHEN

1-5-06

(305) 377-3510

Date

Daytime Phone #