



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90025 004 \*\*\*\*61.25

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # N04000011815</b><br>1. Entity Name<br><b>LAQUER FOUNDATION, INC.</b>  |  |   |   |    |  |
| Principal Place of Business<br><b>444 BRICKELL AVENUE<br/>SUITE 650<br/>MIAMI, FL 33131</b>   |  |   | Mailing Address<br><b>444 BRICKELL AVENUE<br/>SUITE 650<br/>MIAMI, FL 33131</b> |   |  |
| 2. Principal Place of Business<br><b>290 S. BISCAYNE BLVD.</b>  |  | 3. Mailing Address<br><b>200 S. BISCAYNE BLVD.</b>  |   |   |  |
| Suite, Apt. #, etc.<br><b>#2930</b>   |  | Suite, Apt. #, etc.<br><b>#2930</b>   |   | 07062006 Chg-NP CR2E037 (4/06)  |  |
| City & State<br><b>MIAMI, FL</b>  |  | City & State<br><b>MIAMI, FL</b>  |   | 4. FEI Number<br><b>65-0807195</b>  |  |
| Zip<br><b>33131</b>   |  | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SACHER, CHARLES P ESQ.<br/>2655 LEJEUNE ROAD<br/>SUITE 1101<br/>CORAL GABLES, FL 33134</b>  |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 6, 2006</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PTD<br>LAQUER, EDITH E<br>444 BRICKELL AVENUE, SUITE 650<br>MIAMI, FL 33131      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>200 S. BISCAYNE BLVD., SUITE 2930<br/>MIAMI, FL 33131</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>SACHER, CHARLES P<br>2655 LEJEUNE ROAD SUITE 1101<br>CORAL GABLES, FL 33134 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 another like empowered. |  |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | Date <b>07/06/06</b> Daytime Phone # <b>314-6116</b>                            |   |  |