

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90190 026 \*\*\*\*61.25

<b>DOCUMENT # N05000001818</b> 1. Entity Name THE DORI SLOSBERG FOUNDATION, INC.					
Principal Place of Business 7040 WEST PALMETTO PARK ROAD NO. 4-215 BOCA RATON, FL 33433			Mailing Address 7040 WEST PALMETTO PARK ROAD NO. 4-215 BOCA RATON, FL 33433		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>81-0664148</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HERRON, MARK ESQ.</b> <b>2618 CENTENNIAL PLACE</b> <b>TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOSBERG, IRVING 7040 WEST PALMETTO PARK ROAD NO. 4-215 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLOSBERG, SYLVIA 7040 WEST PALMETTO PARK ROAD NO. 4-215 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SLOSBERG, EVGENYIA 7040 WEST PALMETTO PARK ROAD NO. 4-215 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FEDORE, DONNA 7040 WEST PALMETTO PK RD STE 4-215 BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELLMAN, GLEN DR 7301 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLSHEIN, JAY DR 109-A JFK DRIVE ATLANTIS, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOSBERG, EMILY 7040 WEST PALMETTO PARK ROAD, STE 4-215 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS 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 all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			IRV SLOSBERG 4-23-07 561-488-7900 <small>Date Daytime Phone #</small>		