# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 31, 2009**
**Secretary of State**

DOCUMENT# N05000010403

**Entity Name:** THE ZYMAN FOUNDATION, INC.

**Current Principal Place of Business:**

100 SOUTH POINTE DRIVE
UNIT #2905
MIAMI, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 860
SARATOGA SPRINGS, NY 128660860

**New Mailing Address:**

**FEI Number: 20-3624795** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: COB ( ) Delete
Name: ZYMAN, SERGIO
Address: 100 SOUTH POINTE DRIVE, UNIT #2905
City-St-Zip: MIAMI, FL 33139

Title: PS ( ) Delete
Name: ZYMAN, SYLVIA
Address: 100 SOUTH POINTE DRIVE, UNIT #2905
City-St-Zip: MIAMI, FL 33139

Title: VPAS ( ) Delete
Name: ZYMAN, JESSICA
Address: 100 SOUTH POINTE DRIVE, UNIT #2905
City-St-Zip: MIAMI, FL 33139

Title: VPAS ( ) Delete
Name: ZYMAN, JENNIFER
Address: 100 SOUTH POINTE DRIVE, UNIT #2905
City-St-Zip: MIAMI, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERGIO ZYMAN COB 03/31/2009

Electronic Signature of Signing Officer or Director — Date