

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012739

FILED
May 02, 2008
Secretary of State

Entity Name: THE SYDNEY & ALEXANDRIA COHEN FOUNDATION, INC.

Current Principal Place of Business:

10981 NW 12TH PLACE
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

10981 NW 12TH PLACE
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 59-3829535 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARRY M. SILVER, P.A.
1200 SOUTH ROGERS CIRCLE
SUITE 8, 2ND FL
BOCA RATON, FL 33487 US

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: P () Delete
Name: COHEN, JENNIFER
Address: 10981 NW 12TH PLACE
City-St-Zip: PLANTATION, FL 33322

Title: S () Delete
Name: COHEN, BRIAN
Address: 10981 NW 12TH PLACE
City-St-Zip: PLANTATION, FL 33322

Title: T () Delete
Name: COHEN, JENNIFER
Address: 10981 NW 12TH PLACE
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: L (X) Change () Addition
Name: COHEN, JENNIFER
Address: 10981 NW 12TH PLACE
City-St-Zip: PLANTATION, FL 33322

Title: A (X) Change () Addition
Name: COHEN, BRIAN
Address: 10981 NW 12TH PLACE
City-St-Zip: PLANTATION, FL 33322

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: JENNIFER COHEN

PRES

05/02/2008

Electronic Signature of Signing Officer or Director

Date