

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000868

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** SABRINA COHEN FOUNDATION FOR STEM CELL RESEARCH INC.

**Current Principal Place of Business:**

1800 SUNSET HARBOUR DRIVE  
SUITE 2406  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 SUNSET HARBOUR DRIVE  
SUITE 2406  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number:** 03-0579618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, SABRINA D  
1800 SUNSET HARBOUR DRIVE  
SUITE 2406  
MIAMI BEACH, FL 33139 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: DIR ( ) Delete  
Name: COHEN, SABRINA D  
Address: 1800 SUNSET HARBOUR DRIVE #2406  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: DIR ( ) Delete  
Name: BABANI, JUAN  
Address: 900 BAY DRIVE APT. 311  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: DIR ( ) Delete  
Name: LEVY, BARBARA  
Address: 5325 LA GORCE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: D ( ) Delete  
Name: PRICE, CHERYL  
Address: 1800 SUNSET HARBOUR DR #2406  
City-St-Zip: MIAMI BEACH, 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: SABRINA COHEN

DIR

01/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date