

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000868

FILED
Apr 14, 2009
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: DIR (X) Change () Addition
Name: AKERMAN, ANDREW DR
Address: 1800 SUNSET HARBOUR DR
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D (X) Change () Addition
Name: POREH, CINTHYA
Address: 1800 SUNSET HARBOUR DR
City-St-Zip: MIAMI BEACH, FL 33139

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

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date