2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # N06000011878 1. Entity Name THE INSTITUTE FOR RESEARCH ON SOCIAL PROBLEMS, INC.								05-05-2008 90263 042 ****61.25					
Principal Place of Business 10175 COLLINS AVENUE 502				Mailing Address L10175 COLLINS AVENUE 502									
BAL HARBOUR, FL 33154 US				BAL HARBOUR, FL 33154 US .									
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04302008	Chg-NP	CR2E03	7 (12/06)		
City & State			City & State					4. FEI Number Applied For 84-0731300 Not Applicable					
Zip	Zip Country		Zip		Cou	Country		5. Certificate o	f Status Desired		8.75 Add ee Require		
	6. Name	and Address of Current	Registere	ed Agent				7. Name and A	Address of New	Registered A	gent		
SABATINO, JAMES R 177 KANE CONCOURSE STE 102						Name Street Address (P.O. Box Number is Not Acceptable)							
BAY HARBOR, FL 33154				-			Charles (1.6. Sex Harrist 15 No. 7 No. 200 No.						
						City	FL Zip			Zip Cod	e		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Filing Fee is \$61.25 9. Election Campaig Due by May 1, 2008 Trust Fund Contri							\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
10.	LDD	OFFICERS AND DIR	ECTORS		11.		Α	ADDITIONS/CHA	NGES TO OFFICE				
TITLE NAME	DR PHYLLIS, KATZ			☐ Delete TITL							Change	☐ Addition	
STREET ADDRESS	REET ADDRESS 10175 COLLINS AVE.					ET ADDRESS							
CITY-ST-ZIP					_	-ST-ZIP					~ -		
TITLE NAME	DR. SAMUEL, ROSEN			☐ Delete FITL							Change	Addition	
STREET ADDRESS CITY-ST-ZIP	15 W. 53				STRE		01-	rs con	us Ave	mue	# So	2	
TITLE	11211101			☐ Delete	TITLE		<u>500</u>	Harbo	ur, FC	. <u>3319</u>	Change	☐ Addition	
NAME express appreces	-				NAMI			•					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP							
TITLE				☐ Delete	TITLE	:					Change	☐ Addition	
NAME Street Address					NAMI	E Et adoress							
CITY-ST-ZIP						-ST-ZIP							
TITLE				☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS					- NAMI	E Et address							
CITY-ST-ZIP						-ST-ZIP							
TITLE		, , , , , , , , , , , , , , , , , , , ,		☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS					NAMI	ET ADDRESS						ļ	
CITY-ST-ZIP					- 4	-ST-ZIP						:	
12. Thereby o	ertify that the	e information supplied with	this filing	does not qualify fo	r the exe	mptions con	tained	in Chapter 119,	Florida Statutes, I	further certify	that the in	formation	

12. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr /30, 2008

303 47) 00

Daytime Phone #