

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06558

FILED
Mar 19, 2008
Secretary of State

Entity Name: THE LASKIN CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

C/O PAUL FELZEN, ESQ.
135 E 74TH STREET
NEW YORK, NY 10021 US

New Principal Place of Business:

C/O NICHOLAS FELZEN
60 EDGEWATER DR (#15-E)
CORAL GABLES, FL 33133 US

Current Mailing Address:

C/O PAUL FELZEN, ESQ.
135 E 74TH STREET
NEW YORK, NY 10021 US

New Mailing Address:

FEI Number: 13-3245633 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FELZEN, NICHOLAS
60 EDGEWATER DR (#15-E)
CORAL GABLES, FL 33133 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: D () Delete
Name: FELZEN, ANTHONY
Address: 135 E 74TH STREET
City-St-Zip: NEW YORK, NY

Title: PD () Delete
Name: FELZEN, SALLIE
Address: 135 E 74TH STREET
City-St-Zip: NEW YORK, NY

Title: STD () Delete
Name: FELZEN, PAUL
Address: 135 E 74TH STREET
City-St-Zip: NEW YORK, NY 10021

Title: D () Delete
Name: FELZEN, NICHOLAS
Address: 60 EDGEWATER DR (#15-E)
City-St-Zip: CORAL GABLES, FL 33133

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: PAUL FELZEN

STD

03/19/2008

Electronic Signature of Signing Officer or Director

Date