

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06558

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** THE LASKIN CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NICHOLAS FELZEN  
60 EDGEWATER DR (#15-E)  
CORAL GABLES, FL 33133 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  
Name: FELZEN, ANTHONY  
Address: 105 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10003

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL FELZEN

V.P.

03/02/2011

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

\_\_\_\_\_  
Date