2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N07000000406

Entity Name: JACQUELINE HARRIS HOCHBERG FOUNDATION, INC.

Current Principal Place of Business:

220 SUNRISE AVE SUITE 210
PALM BEACH, FL 33480

New Principal Place of Business:

220 SUNRISE AVE, SUITE 210
PALM BEACH, FL 33480

Current Mailing Address:

220 SUNRISE AVE SUITE 210
PALM BEACH, FL 33480

New Mailing Address:

220 SUNRISE AVE, SUITE 210
PALM BEACH, FL 33480

FEI Number: 26-0294769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, J. IRA
220 SUNRISE AVE SUITE 210
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

HARRIS, J. IRA
220 SUNRISE AVE, SUITE 210
PALM BEACH, FL 33480 US

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: _____ 02/12/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: HOCHBERG, JACQUELINE
Address: 220 SUNRISE AVE. STE. 210
City-St-Zip: PALM BEACH, FL 33480

Title: DVT ( ) Delete
Name: HARRIS, NICKI
Address: 220 SUNRISE AVE. STE. 210
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: HOCHBERG, ROBERT
Address: 220 SUNRISE AVE STE. 210
City-St-Zip: PALM BEACH, FL 33480

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:

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: JACQUELINE HOCHBERG DPS 02/12/2009
Electronic Signature of Signing Officer or Director — Date