

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003365

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** ROSEN FAMILY FOUNDATION, INC., TALLU & RUBEN ROSEN AND RONI & DON ROSEN

**Current Principal Place of Business:**

C/O SHUTTS & BOWEN LLP  
201 SOUTH BISCAYNE BLVD, STE 1600  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SHUTTS & BOWEN LLP  
201 SOUTH BISCAYNE BLVD, STE 1600 (LN)  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOSTRO, LOUIS  
C/O SHUTTS & BOWEN LLP  
201 SOUTH BISCAYNE BLVD, SUITE 1600  
MIAMI, FL 33131 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: ROSEN, TALLU  
Address: 9999 COLLINS AVENUE, UNIT 11J  
City-St-Zip: BAL HARBOUR, FL 33154

Title: D  
Name: ROSEN, DONALD  
Address: 136 MONTGOMERY AVENUE  
City-St-Zip: BALA CYNWYD, PA 19004

Title: D  
Name: MCELFFRESH, LYNN ROSEN  
Address: 136 MONTGOMERY AVENUE  
City-St-Zip: BALA CYNWYD, PA 19004

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: TALLU ROSEN

D

04/01/2010

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

\_\_\_\_\_  
Date