


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N49714 1. Entity Name DAVID L. SINGER MEMORIAL FOUNDATION, INC.	
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Principal Place of Business 19436 NE 26 AVE SUITE 84 N MIAMI BEACH, FL 33180	Mailing Address 19436 NE 26 AVE SUITE 84 N MIAMI BEACH, FL 33180
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01252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0350670	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LENARD, HOWARD B. 17011 NE 19 AVE N MIAMI BEACH, FL 33162
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**DO NOT WRITE
IN THIS SPACE**

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
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000616692
02/07/07-80040-005 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MISHCON, JEFFREY A. 2132 NE 171 ST NORTH MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEFEN, IVAN 17578 FOX BOROUGH LN BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, EDWARD 1145 LINDEN ST HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHORE, ALLEN 3300 NORTHPORT ROYAL DR#335 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALEM, MERRIT D DR 1031 IVES DAIRY RD #135 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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

1/29/07
Date

305/940-2473
Telephone #