

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90010 010 \*\*\*\*61.25

**DOCUMENT # N93000004757**

1. Entity Name  
**SRAGOWICZ FOUNDATION, INC.**



40010007

Principal Place of Business  
**166 BAL BAY DRIVE  
BAL HARBOUR, FL 33154 US**

Mailing Address  
**166 BAL BAY DRIVE  
BAL HARBOUR, FL 33154 US**



**DO NOT WRITE IN THIS SPACE**

01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0444814**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROSEN, LAWRENCE N  
133 SEVILLA  
CORAL GABLES, FL 33134**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SRAGOWICZ, LEON 166 BAL BAY DRIVE BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SRAGOWICZ, AZRIEL 166 BAL BAY DRIVE BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SRAGOWICZ, MOISES 166 BAL BAY DRIVE BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *for Leon Sragowicz* **Leon SRAGOWICZ** 2/11/07 305-868-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #