

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90003 048 \*\*\*\*61.25

**DOCUMENT # N93000004757**

1. Entity Name

**SRAGOWICZ FOUNDATION, INC.**



Principal Place of Business

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

Mailing Address

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



01032008 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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>
NAME	<b>SRAGOWICZ, LEON</b>
STREET ADDRESS	<b>166 BAL BAY DRIVE</b>
CITY-ST-ZIP	<b>BAL HARBOUR, FL</b>
TITLE	<b>TD</b>
NAME	<b>SRAGOWICZ, AZRIEL</b> <i>ARI</i>
STREET ADDRESS	<b>166 BAL BAY DRIVE</b>
CITY-ST-ZIP	<b>BAL HARBOUR, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

*2/11/08*

Date

*305-8683600*

Daytime Phone #