


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

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000000397 1. Entity Name HALPERIN FOUNDATION, INC.	
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Principal Place of Business 500 SE 5TH AVE PH01 BOCA RATON, FL 33432 US	Mailing Address 500 SE 5TH AVE PH01 BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE

01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-0972125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HALPERIN, BARRY
500 SE 5TH AVE
PH01
BOCA RATON, FL 33432**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000779876 01/11/08-80054-026 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALPERIN, BARRY 500 SE 5TH AVE, PH01 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINKIN, CAROL 500 SE 5TH AVE, PH01 BOCA RATON, FL 33432
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08 (561) 620-0772
Date Daytime Phone #