

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90042 007 ****61.25

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

DOCUMENT # N95000003771

1. Entity Name
**A. PHILLIP GOLDSMITH AND FRIEDA GOLDSMITH
FOUNDATION, INC.**



Principal Place of Business
**C/O DEBORAH RADEL
947 N. LA CIENAGA BLVD., SUITE J
LOS ANGELES, CA 90069**

Mailing Address
**C/O DEBORAH RADEL
947 N. LA CIENAGA BLVD., SUITE J
LOS ANGELES, CA 90069**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0613640

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KONIGSBERG, ROBERT
210-15 POINT PLACE
AVENTURE, FL 33180**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP ☒ Delete
NAME GOLDSMITH, FRIEDA
STREET ADDRESS 2780 S OCEAN BLVD
CITY - ST - ZIP PALM BEACH, FL 33480

TITLE TD ☐ Delete
NAME STRULOVIC, LYNDIA A
STREET ADDRESS 124 EAST 79TH STREET
CITY - ST - ZIP NEW YORK, NY 10021

TITLE DR ☐ Delete
NAME RADEL, DEBORAH
STREET ADDRESS 947 N. LA CIENAGA BLVD
CITY - ST - ZIP LOS ANGELES, CA 90069

TITLE DR ☐ Delete
NAME STRULOVIC, ALBERTO
STREET ADDRESS RESIDENCIA PARQUE LA CASTELLANA
CITY - ST - ZIP CARACAS, VENEZUELA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY - ST - ZIP

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

5/18/08 310.360.3997
Date Daytime Phone #