2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003134

FILED Jan 24, 2005 Secretary of State

Entity Name: RITA AND JEROME J. COHEN FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1125 NE 125TH STRET 319 S.E. 1ST AVENUE

SUITE 206 HALLANDALE BEACH, FL 33009 US NORTH MIAMI, FL 33161 US

Current Mailing Address: New Mailing Address:

1125 NE 125TH STRET 319 S.E. 1ST AVENUE

SUITE 206 HALLANDALE BEACH, FL 33009 US

NORTH MIAMI, FL 33161 US

FEI Number: 31-1574899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COHEN, JEROME J
1125 NE 125TH STRET
COHEN, JEROME J
319 S.E. 1ST AVENUE

SUITE 206 HALLANDALE BEACH, FL 33009 US NORTH MIAMI, FL 33161 US

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.

SIGNATURE: 01/24/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PSTD () Delete Title: PSTD (X) Change () Addition

 Name:
 COHEN, JEROME J
 Name:
 COHEN, JEROME J

 Address:
 1125 NE 125TH ST., #206
 Address:
 319 S.E. 1ST AVENUE

City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VD () Delete Title: () Change () Addition

 Name:
 COHEN, RITA
 Name:

 Address:
 11111 BISCAYNE BLVD., #227
 Address:

 City-St-Zip:
 MIAMI, FL 33181
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: COHEN, LAWRENCE J Name: COHEN, LAWRENCE J
Address: 1920 NE 211 TERR Address: 319 S.E. 1ST AVENUE

City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME J. COHEN PRES 01/24/2005