

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90171 001 \*\*\*\*61.25

**DOCUMENT # N97000004870**

1. Entity Name  
**THE GRAJEWSKI/LYRA FOUNDATION FOR PEDIATRIC & INFANTILE GLAUCOMA, INC.**



40049700

Principal Place of Business  
1295 NW 14TH ST  
D  
MIAMI, FL 33125

Mailing Address  
1295 NW 14TH ST  
D  
MIAMI, FL 33125

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

800 Douglas Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

North Tower #540

04022007 Chg-NP CR2E037 (12/06)

City & State

Coral Gables FL

City & State

4. FEI Number  
65-0789753

Applied For  
Not Applicable

Zip  
33134

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

GRAJEWSKI, ALANA L  
2838 BRICKELL AVENUE  
MIAMI, FL 33129

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 is required when reinstating)

(DATE)

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

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 PD ☐ Delete  
NAME ALANA L GRAJEWSKI  
STREET ADDRESS 2838 BRICKELL AVE  
CITY-STATE-ZIP MIAMI, FL 33129

TITLE MD ☐ Delete  
NAME CARLOS LYRA  
STREET ADDRESS 1300 S OCEAN BLVD #806  
CITY-STATE-ZIP POMPANO BCH, FL 33067

TITLE SD ☐ Delete  
NAME ELIZABETH A HODAPP  
STREET ADDRESS 245 E RIVO ALTO DR  
CITY-STATE-ZIP MIAMI BCH, FL 33139

TITLE CFOD ☒ Delete  
NAME JAY R GROSSMAN  
STREET ADDRESS 2838 BRICKELL AVE  
CITY-STATE-ZIP MIAMI, FL 33129

TITLE MD ☐ Delete  
NAME DEAN O ZIFF  
STREET ADDRESS 2999 BRICKELL AVE  
CITY-STATE-ZIP MIAMI, FL 33129

TITLE T ☐ Delete  
NAME SMITH, NANCY C  
STREET ADDRESS 11421 TAFT STREET  
CITY-STATE-ZIP PEMPBROKE PINES, FL 33026

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

*Nancy C Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07 305-817-3668

Date

Daytime Phone #