

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004747

FILED
Jun 08, 2007
Secretary of State

Entity Name: THE PAUL ABRAMS ENDOWMENT PROJECT, INC.

Current Principal Place of Business:

2533 NORTHEAST 183RD STREET
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

2533 NORTHEAST 183RD STREET
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 65-0857633 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BALOG, ANDREW E
C/O GREENBERG TRAURIG, P.A.
1221 BRICKELL AVENUE
MIAMI, FL 33131 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, IFE
Address: 3251 S. MIAMI AVENUE
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: DE LA GRANA, STACEY
Address: 840 WREN AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: PD () Delete
Name: KOFSKY, GALE
Address: 2587 N.E. 182 TERRACE
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: D () Delete
Name: HECHAVARRIA, MORTIMER
Address: 7891 W FLAGLER ST #168
City-St-Zip: MIAMI, FL 33141

Title: D () Delete
Name: AZCUY, RAY
Address: 11500 GRIFFING BLVD
City-St-Zip: BISCAYNE PARK, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GALE KOFSKY

PD

06/08/2007

Electronic Signature of Signing Officer or Director

Date