


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90201 041 ****61.25

DOCUMENT # P39000 1. Entity Name CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.	
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Principal Place of Business 585 STEWART AVE. GARDEN CITY, NY 11530 US	Mailing Address 585 STEWART AVE. GARDEN CITY, NY 11530 US
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04012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2106778	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PEREZ, RAYMOND V 180 N.E. 128 TERRACE MIAMI, FL 33161

**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 _____
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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SCHWAB, GILBERT 31 STAUBER DRIVE PLAINVIEW, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREEN, HENRY 1010 WOODOAK DR. BALDWIN HARBOR, NY 11510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PASQUA, ANTHONY 37 BUTLER HILL RD SOMERS, NY 10589
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED WEINBERG, ALLAN D 108 LAKE SHORE DRIVE MARINA TOWERS #440 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOBICK, STUART 350 FIFTH AVENUE, STE 4309 NEW YORK, NY 10118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

4/25/05

Date

Daytime Phone #