


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/1 **FILED**
Mar 20, 2008 8:00 am
Secretary of State

03-06-2008 90046 047 ****61.25

DOCUMENT # F07000002227

1. Entity Name
THE RUSSELL & RONALEE GALBUT FAMILY FOUNDATION, INC.



Principal Place of Business 2930 BISCAYNE BLVD MIAMI, FL 33137	Mailing Address 2930 BISCAYNE BLVD MIAMI, FL 33137
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2. Principal Place of Business - No P.O. Box # 2200 Biscayne Blvd	3. Mailing Address 2200 Biscayne Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, Florida	City & State Miami, Florida
Zip 33137	Country Miami-Dade
Zip 33137	Country Miami-Dade

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number **20-5918650** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GALBUT, RUSSELL
2930 BISCAYNE BLVD
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name **Russell Galbut**

Street Address (P.O. Box Number is Not Acceptable)
2200 Biscayne Blvd

City **Miami** FL Zip Code **33178**

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  (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GALBUT, RONALEE 2930 BISCAYNE BLVD MIAMI, FL 33137	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALBUT, MARISA 2930 BISCAYNE BLVD MIAMI, FL 33137	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALBUT, RUSSELL 2930 BISCAYNE BLVD MIAMI, FL 33137	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALBUT, ROBERT 2930 BISCAYNE BLVD MIAMI, FL 33137	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALBUT, DAVID 2930 BISCAYNE BLVD MIAMI, FL 33137	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALBUT, ABRAHAM 2930 BISCAYNE BLVD MIAMI, FL 33137	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 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 officers and directors.

SIGNATURE:  Date _____ Daytime Phone # _____

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