2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010977

1. Entity Name

ANTHONY AND EDITH COMPARATO FOUNDATION, INC.



Principal Place of Business

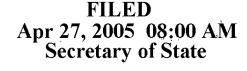
980 NORTH FEDERAL HWY

SUITE 400 BOCA RATON, FL 33432 Mailing Address

980 NORTH FEDERAL HWY

SUITE 400

BOCA RATON, FL 33432





DO NOT WRITE IN THIS SPACE

04182005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 20-0506759 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKATOFF, JEFFREY H 980 NORTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

	. + ., . =			
	named entity submits this statement for the purpoons of registered agent.	ose of changing its registered office o	r registered agent, or both	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if app	licable. (NOTE, Registered Agent signal	ure required when reinstaling)	DATE
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD COMPARATO, ANTHONY 980 NORTH FEDERAL HWY, SUITE 400 BOCA RATON, FL 33432 D COMPARATO, EDITH 980 NORTH FEDERAL HWY, SUITE 400	·	U00000337185 04/27/05-80156-025 70. 00	
CITY-ST-ZIP	BOCA RATPN, FL 33432			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, RÓBERT 980 NORTH FEDERAL HWY, SUITE 400 BOCA RATON, FL 33432	,	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, JAMES 980 NORTH FEDERAL HWY, SUITE 200 BOCA RATON, FL 33432			

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 supplier ental 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 receives 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 affachment with an address, with all other like empowered.

SIGNATURE

COMPARATO, THOMAS

MCLEAN, VA 22101

1320 OLD CHAIN BRIDGE RD, SUITE 400

TITLE

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-25-05

Daytime Phone #