

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2008
Secretary of State**

DOCUMENT# N05000005489

Entity Name: KALISH FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4200 BISCAYNE BLVD
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4200 BISCAYNE BLVD
MIAMI, FL 33137

New Mailing Address:

FEI Number: 20-2977057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANDE, STEPHEN C
4200 BISCAYNE BLVD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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: DRUCKER, TERRY
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: JACOBS, RICHARD M
Address: 6246 SW 99TH TERRACE
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: SOLOMON, JACOB
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: LANDE, STEPHEN C
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: KALISH, NEDRA
Address: 60 EDGEWATER DR - APT 9A
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: KALISH, GEOFFREY O
Address: 33 LARCHMONT AVE
City-St-Zip: LARCHMONT, NY 10538

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
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City-St-Zip:

Title: () Change () Addition
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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: STEPHEN C. LANDE

D

01/21/2008

Electronic Signature of Signing Officer or Director

Date