


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90080 029 ****61.25

DOCUMENT # N28114 1. Entity Name BENNETT M. LIFTER FOUNDATION, INC.	
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Principal Place of Business PO BOX 694645 17760 NW 2ND AVE STE 200 MIAMI, FL 33269-1645	Mailing Address PO BOX 694645 17760 NW 2ND AVE STE 200 MIAMI, FL 33269-1645
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DO NOT WRITE IN THIS SPACE

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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0080906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIFTER, BENNETT M.
17760 NW 2ND AVE #200
MIAMI, FL 33169

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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	D LIFTER, BENNETT M. 17760 NW 2ND AVE #200 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIFTER, BAYLA 17760 NW 2ND AVE #200 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLIN, NANCY 17760 NW 2ND AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Bennett M. Lifter 1/13/06 3056575506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #