


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005746
 1. Entity Name
 THE SOBEL FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address
 14615 SW 77TH COURT 14615 SW 77TH COURT
 MIAMI, FL 33158 US MIAMI, FL 33158 US

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01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0623200	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
 SOBEL, FRANK M
 14615 S.E. 77TH COURT
 MIAMI, FL 33158

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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, 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	PD SOBEL, FRANK M 14615 SW 77TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBEL, RICHARD G 19 CLOVER LANE WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOBEL, NANCY E 81 FARM LAKE CRESCENT CHAPPAQUA, NY 10514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBEL, JOHN L 2550 JARDIN WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/25/05-30014-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Frank M Sobel 1/21/05 305-233-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #