
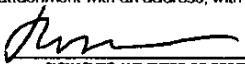


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90061 016 \*\*\*\*61.25

<b>DOCUMENT # N96000006575</b> 1. Entity Name BARRY WISH FAMILY FOUNDATION, INC.			
Principal Place of Business C/O BARRY N. WISH 115 VIA LA SELVA PALM BEACH, FL 33480		Mailing Address C/O BARRY N. WISH 115 VIA LA SELVA PALM BEACH, FL 33480	
2. Principal Place of Business %o Barry N. Wish Suite, Apt. #, etc. 2320 Old S. Ocean Blvd.		3. Mailing Address %o Barry N. Wish Suite, Apt. #, etc. 2320 Old S. Ocean Blvd.	
City & State Palm Beach, FL		City & State Palm Beach, FL	
Zip 33480	Country USA	Zip 33480	Country USA
4. FEI Number 65-0720792		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 PERRY, DAVID L INTRASTATE REGISTERED AGENT CORPORTION 701 BRICKELL AVE., SUITE 300 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WISH, BARRY N 115 VIA LA SELVA PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2320 Old S. Ocean Blvd. Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WISH, JONATHAN ADESS 115 VIA LA SELVA PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2320 Old S. Ocean Blvd. Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SILVERSTEIN, STACEY ADESS 115 VIA LA SELVA PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2320 Old S. Ocean Blvd. Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WISH, LINDSEY 115 VIA LA SELVA PALM BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2320 Old S. Ocean Blvd. Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WISH, OBLIO 115 VIA LA SELVA PALM BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2320 Old S. Ocean Blvd. Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		BARRY N. WISH	
		2/8/05 561 655-1586	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	