


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90036 012 \*\*\*\*61.25

**DOCUMENT # N96000006575**

1. Entity Name  
**BARRY WISH FAMILY FOUNDATION, INC.**



Principal Place of Business  
**C/O BARRY N. WISH  
 2320 OLD S. OCEAN BLVD  
 PALM BEACH, FL 33480**

Mailing Address  
**C/O BARRY N. WISH  
 2320 OLD S. OCEAN BLVD  
 PALM BEACH, FL 33480**

**60003765**



2. Principal Place of Business - No P.O. Box #  
**40 Barry N. Wish**

3. Mailing Address  
**40 Barry N. Wish**

Suite, Apt. #, etc.  
**4 Ocean La.**

Suite, Apt. #, etc.  
**4 Ocean La.**

City & State  
**Manalapan, FL**

City & State  
**Manalapan, FL**

Zip  
**33462**

Country  
**USA**

Zip  
**33462**

Country  
**USA**

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0720792**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WISH, BARRY N 2320 OLD S. OCEAN BLVD PALM BEACH, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WISH, JONATHAN ADESS 2320 OLD S. OCEAN BLVD PALM BEACH, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SILVERSTEIN, STACEY ADESS 2320 OLD S. OCEAN BLVD PALM BEACH, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WISH, LINDSEY 2320 OLD S. OCEAN BLVD PALM BEACH, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WISH, OBLIO 2320 OLD S. OCEAN BLVD PALM BEACH, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Wish, Barry N. 4 Ocean La. Manalapan, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Wish, Jonathan Adess 4 Ocean La. Manalapan, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Silverstein, Stacey Adess 4 Ocean La. Manalapan, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Wish, Lindsey 4 Ocean La. Manalapan, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Wish, Oblio 4 Ocean La. Manalapan, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** \_\_\_\_\_ **1/15/07** **561-655-1586**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #