


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000298 1. Entity Name WILLIAM AND JOAN BRODSKY FOUNDATION, INC.	
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Principal Place of Business 2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134 US	Mailing Address 2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0724452
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

6. Name and Address of Current Registered Agent
BREIER, ROBERT G ESQ 2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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
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10. OFFICERS AND DIRECTORS	
TITLE	PD BRODSKY, WILLIAM <input type="checkbox"/> Delete
NAME	2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	STD BRODSKY, JOAN <input type="checkbox"/> Delete
NAME	2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	D BRODSKY, MICHAEL <input type="checkbox"/> Delete
NAME	2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	D BRODSKY, STEPHEN <input type="checkbox"/> Delete
NAME	2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	D BRODSKY, JONATHAN <input type="checkbox"/> Delete
NAME	2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000358345
05/04/05-80112-002 61.25

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: *William J. Brodsky* **WILLIAM J. BRODSKY** *Pres* **4/26/05** **312 786 2001**