

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006781

FILED
Jul 20, 2005
Secretary of State

Entity Name: THE FANA HOLTZ FOUNDATION, INC.

Current Principal Place of Business:

169 EAST FLAGLER STREET
SUITE 1627
MIAMI, FL 33131

New Principal Place of Business:

420 LINCOLN ROAD
SUITE 220
MIAMI BEACH, FL 33139

Current Mailing Address:

169 EAST FLAGLER STREET
SUITE 1627
MIAMI, FL 33131

New Mailing Address:

420 LINCOLN ROAD
SUITE 220
MIAMI BEACH, FL 33139

FEI Number: 65-0824129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLTZ, ABEL
169 EAST FLAGLER STREET
SUITE 1627
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

HOLTZ, ABEL
420 LINCOLN ROAD
SUITE 220
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: _____

07/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLTZ, FANA
Address: 9999 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 33154

Title: D () Delete
Name: HOLTZ, ABEL
Address: 9999 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 33154

Title: D () Delete
Name: HOLTZ, DANIEL
Address: 225 ARVIDA PARKWAY
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: HOLTZ, JAVIER
Address: 94 LA GORCE CIRCLE
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABELL HOLTZ

D

07/20/2005

Electronic Signature of Signing Officer or Director

Date