
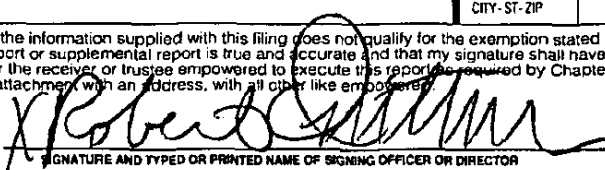


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90010 021 \*\*\*\*61.25

<b>DOCUMENT # N03000008276</b> 1. Entity Name <b>QUITTNER FOUNDATION, INC.</b>					
Principal Place of Business <b>560 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139</b>			Mailing Address <b>560 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>56-2400307</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DANIELS, NICHOLAS M ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUITTNER, DENIS P <input type="checkbox"/> Delete 560 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUITTNER, ROBERT <input type="checkbox"/> Delete 560 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUITTNER, JEFFREY <input type="checkbox"/> Delete 560 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERMAN, MICHAEL <input type="checkbox"/> Delete 407 LINCOLN ROAD, SUITE 6C MIAMI BEACH FL 33139			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARBIN, EVAN <input type="checkbox"/> Delete 48 E. FLAGLER STREET, PENTHOUSE 104 MIAMI FL 33131			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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 empowers.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					