2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N02000001469

Entity Name: JUSTIN BIRSKY FUND, INC.

Current Principal Place of Business:

1000 QUAYSIDE TERRACE
SUITE 2011
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

1000 QUAYSIDE TERRACE
SUITE 2011
MIAMI, FL 33138

New Mailing Address:

FEI Number: 02-0551212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENRUBE, MALLARY
1000 QUAYSIDE TERRACE
SUITE 2011
MIAMI, FL 33138

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BENRUBE, YVONNE
Address: 1000 QUAYSIDE TERRACE, SUITE 2011
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete
Name: BIRSKY, JUSTIN
Address: 1000 QUAYSIDE TERRACE, SUITE 2011
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete
Name: GLASSMAN, DON
Address: 1000 QUAYSIDE TERRACE, SUITE 2011
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete
Name: GHERMAN, WARREN
Address: 1000 QUAYSIDE TERRACE, SUITE 2011
City-St-Zip: MIAMI, FL 33138

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: YVONNE BENRUBE D 04/29/2004

Electronic Signature of Signing Officer or Director — Date