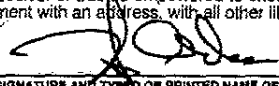


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004136			
1. Entity Name THE HARVEY ADES FAMILY FOUNDATION, INC.			
Principal Place of Business 6750 SW 141ST ST. MIAMI, FL 33158		Mailing Address 6750 SW 141ST ST. MIAMI, FL 33158	
DO NOT WRITE IN THIS SPACE			
		 01052004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 65-1115073	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADES, HARVEY 6750 SW 141ST ST. MIAMI, FL 33158		DO NOT WRITE IN THIS SPACE	
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, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADES, HARVEY 6750 SW 141ST ST. MIAMI, FL 33158		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADES, REBECCA 6750 SW 141ST ST. MIAMI, FL 33158		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADES, AMY 38 RAMBLING BROOK RD. CHAPPAQUA, NY 10514		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  H. ADES		4/27/04 305 278-0808 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			