

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007884

FILED
Mar 15, 2005
Secretary of State

Entity Name: ALWEISS FOUNDATION, INC.

Current Principal Place of Business:

4801 S. UNIVERSITY DR
DAVIE, FL 33328

New Principal Place of Business:

1920 HALLANDALE BEACH BLVD
SUITE 602
HALLANDALE, FL 33009

Current Mailing Address:

P.O. BOX 661169
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 65-1151153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FORT LAUDERDALE, FL 33316 US

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: ALWEISS, IRA
Address: 4801 S. UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: ALWEISS, ALAN L
Address: 4801 S. UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: LILIENFELD, ROBERT J
Address: 2670 N.E. 215TH STREET
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALWEISS, IRA
Address: 1920 HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Change () Addition
Name: ALWEISS, ALAN L
Address: 1920 HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

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: IRA ALWEISS

D

03/15/2005

Electronic Signature of Signing Officer or Director

Date