

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N03000010977 1. Entity Name ANTHONY AND EDITH COMPARATO FOUNDATION, INC.	
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Principal Place of Business 980 NORTH FEDERAL HWY SUITE 400 BOCA RATON, FL 33432	Mailing Address 980 NORTH FEDERAL HWY SUITE 400 BOCA RATON, FL 33432
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01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0506759	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKATOFF, JEFFREY H 980 NORTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33432

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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

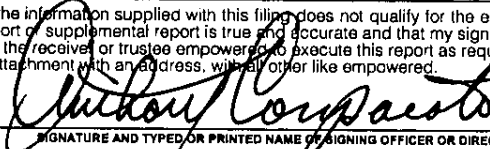
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COMPARATO, ANTHONY 980 NORTH FEDERAL HWY, SUITE 400 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COMPARATO, EDITH 980 NORTH FEDERAL HWY, SUITE 400 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COMPARATO, ROBERT 980 NORTH FEDERAL HWY, SUITE 400 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COMPARATO, JAMES 980 NORTH FEDERAL HWY, SUITE 200 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COMPARATO, THOMAS 1320 OLD CHAIN BRIDGE RD, SUITE 400 MCLEAN, VA 22101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/24/07-80126-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-10-07 (561) 391-4040 Date Daytime Phone #
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