

FILED
Feb 02, 2005 8:00 am
Secretary of State



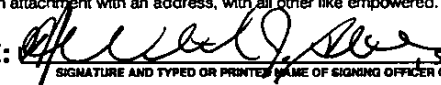
02-02-2005 90069 022 ****61.25

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

20006603



01252005 Chg-NP CR2E037 (10/03)

DOCUMENT # 700210			
1. Entity Name FRANK AND ANNA GOLDMAN FOUNDATION, INC.			
Principal Place of Business 1123 71 STREET MIAMI BEACH, FL 33141		Mailing Address 1123 71 STREET MIAMI BEACH, FL 33141	
2. Principal Place of Business 6725 NW 108 AVE.		3. Mailing Address 7630 FAY AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PARKLAND FL		City & State LA JOLLA CA	
Zip 33076		Zip 92037	
Country USA		Country USA	
4. FEI Number 59-0965237		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDMAN, ARNOLD 1123-71ST STREET MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name KENNETH J. GOLDMAN Street Address (P.O. Box Number is Not Acceptable) 6725 NW 108 AVE. City PARKLAND FL Zip Code 33076	
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  SEC. KENNETH J. GOLDMAN, SECRETARY 1/28/05 (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDMAN, ARNOLD 1123 71ST ST MIAMI BCH, FL 33141, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARD GOLDMAN 773 BEDFORD OAKS MARIETTA, GA 30068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDMAN, MITCHEL P 850 PROSPECT STREET, SUITE 2 LA JOLLA, CA 92037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHEL P. GOLDMAN 7630 FAY AVE. LA JOLLA, CA 92037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, AARON 1123 71ST STREET MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNETH GOLDMAN 6725 NW 108 AVE. PARKLAND, FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 empowered.			
SIGNATURE:  SEC. KENNETH J. GOLDMAN		Date 1/28/05 Daytime Phone # 954-796-0811	