2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

DOCUM	1EN I	# 70	J1515
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1. Entity Name RUSSACK FAMILY FOUNDATION



Principal Place of Business

C/O MICHAEL ABRAHAM

4445 ALTON RD MIAMI BCH, FL 33140 Mailing Address

C/O MICHAEL ABRAHAM 4445 ALTON RD

MIAMI BCH, FL 33140 U

DO NOT WRITE IN THIS SPACE

01122005	No Chg-NP	CR2E037 (10/03)	

4. FEI Number 59-6152314 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECK, FRANK 1390 NE 162 ST MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

IN			THIS SPACE	
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its registered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registored agent	and title K applicable. (NOTE, Registered Agent signate	re required when reinstating)	DATE	
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME ABRAHAM, MICHAEL STREET ADDRESS CITY-ST-ZIP NAME ABRAHAM, MICHAEL 4445 ALTON RD. CITY-ST-ZIP MIAMI BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME BECK, FRANK 1390 NE 162 ST N MIAMI BEACH, FL	DIRECTORS	DO	U00000183793 U1/20/05-80004-011 61.25 NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS		IN '	THIS SPACE	

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 repeiver 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 attaching it with an other statutes, with all other like empowered.

SIGNATURE: Mehal Mraham

Jan 14/05 305/572 2028