


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

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 701515**  
 1. Entity Name  
**RUSSACK FAMILY FOUNDATION**



Principal Place of Business <b>C/O MICHAEL ABRAHAM          4445 ALTON RD          MIAMI BCH, FL 33140 US</b>	Mailing Address <b>C/O MICHAEL ABRAHAM          4445 ALTON RD          MIAMI BCH, FL 33140 US</b>
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-6152314</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000589830  
 01/18/07-80031-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACH, HERBERT 5491 N W 23RD AVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRAHAM, MICHAEL 4445 ALTON RD. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, FRANK 1390 NE 162 ST N MIAMI BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Michael Abraham 1-12-07 305/532-2028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #