2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90079 024 ****61.25

DOCUMENT #736209

A.L. MAILMAN FAMILY FOUNDATION, INC.



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Principal Place of Business 707 WESTCHESTER AVE WHITE PLAINS, NY 10604		Mailing Address 707 WESTCHESTER AVE WHITE PLAINS, NY 10604			60008503					
2 Principal P	lage of Pusiness No DO Boy #	2 Mailian Address								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			A BYNYA MARY BARYA IB'N	MINTE BINT BINII DINI	LIBII BIBI	ini di (401		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032007	Chg-NP	CR2E037 (1	2/06)			
City & State		City & State		4. FEI Number 59-02038	66			plied For t Applicable		
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		75 Addi Required		
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Ad	idress of New R	egistered Agent			
	ORPORATE SERVICES, INC	i.	L	Name						
9200 SOUTH DADELAND BLVD. SUITE 508			Street Address		ess (P.O. Box Number is	(P.O. Box Number is Not Acceptable)				
MIAMI, FL 33156-0000									•	
				City			FL Z	ip Code	3	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing i	its registered	d office or reg	pistered agent, or both, i	in the State of Flo	orida. I am famili	ar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	DTE: Registered	Agent signature rec	quired when reinstating)		DATE			
		A Floation C	omeden Ci				i,			
	Filing Fee is \$61.25	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be	l tu	ake check pay	anie (c	,		
	Due by May 1, 2007	Trust Fund	d Contributio	on.	Added to Fees	Flor	ida Departmer	nt of St		
10.	OFFICERS AND D	IRECTORS	11.	on. 🗆	Added to Fees ADDITIONS/CHAN		RS AND DIRECT	ORS IN	ate	
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I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR