


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90055 023 ****61.25

DOCUMENT # 742974 1. Entity Name MILTON LITTMAN MEMORIAL FOUNDATION, INC.					
Principal Place of Business 17971 BISCAYNE BLVD STE 214 MIAMI, FL 33160-2588			Mailing Address 17971 BISCAYNE BLVD STE 214 MIAMI, FL 33160-2588		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1840585	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PESETSKY, WALTER S. 17701 BISCAYNE BLVD #200 MIAMI, FL 33160				Name <u>Walter S. Pesetsky</u> Street Address (P.O. Box Number is Not Acceptable) <u>1031 No Miami Beach Blvd.</u> City <u>No. Miami Beach</u> FL Zip Code <u>33162</u>	
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 _____ (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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOPPEL, WILLIAM		NAME		
STREET ADDRESS	2421 NE 199 ST.		STREET ADDRESS		
CITY - ST - ZIP	N. MIAMI BEACH, FL		CITY - ST - ZIP		
TITLE	STD3	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITTMAN, JULIUS		NAME	<u>Littman Julius Jr - PH 10</u>	
STREET ADDRESS	3545 N.E. 166TH ST.		STREET ADDRESS	<u>3545 NE 166</u>	
CITY - ST - ZIP	N. MIAMI BEACH, FL		CITY - ST - ZIP	<u>No. Miami Beach, FL 33160</u>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PESETSKY, WALTER.		NAME	<u>Pesetsky Walter</u>	
STREET ADDRESS	1367 NE 162 ST.		STREET ADDRESS	<u>1031 No Miami Beach Blvd.</u>	
CITY - ST - ZIP	N. MIAMI BEACH, FL		CITY - ST - ZIP	<u>No. Miami Beach, FL 33162</u>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, LARRY		NAME		
STREET ADDRESS	2841 NE 163RD STREET #101		STREET ADDRESS		
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33160		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Julius L. Littman</u> Date <u>1/18/05</u> (905) 944-6884					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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