

## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002851

Entity Name: SAMUEL FAMILY FOUNDATION, INC.

FILED  
Jan 20, 2004  
Secretary of State

**Current Principal Place of Business:**

260 EAST BOCA RATON ROAD  
BOCA RATON, FL 33432

**New Principal Place of Business:**

3110 NE 2ND AVENUE  
MIAMI, FL 33137

**Current Mailing Address:**

260 EAST BOCA RATON ROAD  
BOCA RATON, FL 33432

**New Mailing Address:**

31100 NE 2ND AVENUE  
MIAMI, FL 33137

FEI Number: 11-3620595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAMUEL, MICHAEL  
260 EAST BOCA RATON ROAD  
BOCA RATON, FL 33432

**Name and Address of New Registered Agent:**

SAMUEL, MICHAEL  
3110 NE 2ND AVENUE  
MIAMI, FL 33137

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.

SIGNATURE:

01/20/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CPS ( ) Delete  
Name: SAMUEL, MICHAEL  
Address: 260 EAST BOCA RATON ROAD  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CPS (X) Change ( ) Addition  
Name: SAMUEL, MICHAEL  
Address: 3110 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SAMUEL

MR

01/20/2004

Electronic Signature of Signing Officer or Director

Date