

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 16, 2005
Secretary of State**

DOCUMENT# N00000001344

Entity Name: THE SISSER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE SUITE 1200
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE SUITE 1200
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0985878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SISSER, ERIC R
2665 S BAYSHORE DR.
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SISSER, ERIC R
Address: 1880 SOUTH BAYSHORE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: SISSER, CAMERON E
Address: 1880 SOUTH BAYSHORE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: DST () Delete
Name: ABBOTT, ELIOT
Address: 641 NORTH GREENWAY DRIVE
City-St-Zip: CORAL GABLES, FL 33134

Title: DV () Delete
Name: MADORSKY, MARSHA
Address: 2000 SOUTH BAYSHORE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERIC R. SISSER

DP

02/16/2005

Electronic Signature of Signing Officer or Director

_____ Date