2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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1. Entity Name
ROBERT E. PRISTO FOUNDATION, INC.

Principal Place of Business	Mailing Address
2132 E OAKLAND PARK BLVD. 201 FORT LAUDERDALE, FL 33306	2132 E OAKLAND PARK BLVD. 201 FORT LAUDERDALE, FL 33306

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01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
36-6161808
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPARD & LESKAR, P.A.
100 S PINE ISLAND ROAD #201
PLANTATION, FL 33324

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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, 2006

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

000004652812
03/22/06-80028-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PRISTO, ROBERT E
STREET ADDRESS	2132 E OAKLAND PRK BLVD., STE. 201
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	VSD
NAME	PRISTO, LILLIAN
STREET ADDRESS	2132 E OAKLAND PARK BLVD., STE. 201
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	D
NAME	REVIER, VICTORIA
STREET ADDRESS	2132 E OAKLAND PARK BLVD., STE. 201
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/23/06 954-777-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #