2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N00000008408

Entity Name: POSNICK FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2800 PONCE DE LEON BLVD.
SUITE 1125
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL POSNICK
51 WEST 86TH ST., APT. #1002
NEW YORK, NY 10024

New Mailing Address:

FEI Number: 65-1068212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERMAN, ALISON P
2800 PONCE DE LEON BLVD.
SUITE 1125
CORAL GABLES, FL 33169 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: VD ( ) Delete
Name: POSNICK WAKSMAN, BETSY
Address: 2800 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete
Name: POSNICK, MICHAEL
Address: 2800 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete
Name: POSNICK MELTON, SUSAN
Address: 2800 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete
Name: POSNICK, NANCY
Address: 2800 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

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: MICHAEL POSNICK PRES 04/21/2005

Electronic Signature of Signing Officer or Director — Date