


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # N00556	
1. Entity Name THE WIEN FAMILY FOUNDATION, INC.	

Principal Place of Business 925 ARTHUR GODFREY RD., #205 MIAMI BCH., FL 33140	Mailing Address 925 ARTHUR GODFREY RD., #205 MIAMI BCH., FL 33140
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DO NOT WRITE IN THIS SPACE

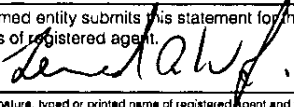


01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2381715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEONARD A WIEN, JR 925 ARTHUR GODFREY RD., #205 MIAMI BCH., FL 33140

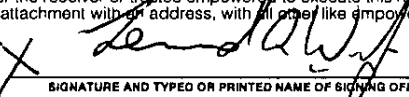
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IN THIS SPACE**

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: 1/24/08
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T WIEN, LEONARD A JR. 925 ARTHUR GODFREY, #205 MIAMI BCH., FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENIN, JOSEPHINE W 5801 NORTH BAY RD MIAMI BCH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANGER, CAROLE W 925 ARTHUR GODFREY RD #205 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	Date: 1/24/08 3055312572
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	