2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

DOCUMENT # N0100001373 1. Entity Name JOSEPH & ESTELLE FINKEL FAMILY FOUNDATION, INC.					03-21-2005 90120 034 ****61.25					
Principal Place of Business 4910 PINEVIEW CIRCLE DELRAY BEACH, FL 33445		Mailing Address 4910 PINEVIEW CIRCLE DELRAY BEACH, FL 33445			<u> </u>		M 8281 0 8191 II	0294 	6 7	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02102005 Ch	g-NP	CR2E0	37 (10/03)		
City & State		City & State			4. FEI Number 65-1085970)		_ 	oplied For at Applicable	
Zip ·	Country	Zip	Country		5. Certificate of Sta	tus Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Addr	css of New F	Registered	Agent		
			Name							
FINKEL, JOSEPH 4910 PINEVIEW CIRCLE DELRAY BEACH, FL 33445			Street A	Finkel, Estelle Street Address (P.O. Box Number is Not Acceptable) 4910 Pineview Circle						
			City	Do l	Delray Beach FL Zip Code 33445					
		telle f	untel of Josep	r registered 7 h Fir	d agent, or both, in the	he State of Flo		familiar with, $3/18/$,	
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE	: Registered Agent signal	ure required wh	hen reinstating)		DATE	, ,		
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2005		paign Financing		55.00 May Be added to Fees			k payable t		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D	9. Election Cam Trust Fund C	paign Financing	□ S A	55.00 May Be	Floi	rida Depar	tment of S	tate	
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I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Devime Phone *

SIGNATURE: Y