


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000008628 1. Entity Name ROBERT AND ETOILE VOLIN FOUNDATION, INC.	
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Principal Place of Business 1339 ROYAL PALM WAY BOCA RATON, FL 33432	Mailing Address 1339 ROYAL PALM WAY BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE

01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 03-0398409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, AMY E
700 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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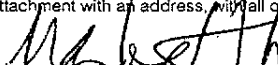
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOLIN, ROBERT 1339 ROYAL PALM WAY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOLIN, ETOILE 1339 ROYAL PALM WAY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THALER, MANLEY H 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401
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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02/23/04-80004-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 an address, with all other like empowered.

SIGNATURE:  MANLEY H. THALER 2/18/04 561 659 1183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #