


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # N01077 1. Entity Name THE GROSSMAN FAMILY FOUNDATION, INC.	
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Principal Place of Business 2499 PROVENCE CIRCLE FORT LAUDERDALE, FL 33327	Mailing Address 2499 PROVENCE CIRCLE FORT LAUDERDALE, FL 33327
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2411931	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 MIZELS, LORI 2499 PROVENCE CIRCLE WESTON, FL 33327	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	000000778685 01/11/08 00007-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GROSSMAN, PHYLLIS 20201 E. COUNTRY CLUB DR #2002 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GROSSMAN, WILLIAM I 8987 SW 117TH ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MIZELS, LORI 2499 PROVENCE CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GEFELMAN, KAREN 5005 SERENA CIR. TARZANA, CA 91356
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:  **Lori Mizels** 1/8/08 (954)389-4650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #