


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002932	
1. Entity Name THE JAYNE AND LEONARD ABESS FOUNDATION, INC.	

Principal Place of Business C/O LEONARD L ABESS JR 25 WEST FLAGLER STREET MIAMI, FL 33130	Mailing Address C/O LEONARD L ABESS JR 25 WEST FLAGLER STREET MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-0052304	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 STRICKROOT, JOHN C 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33130

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1100000533878
05/06/06-80140-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ABESS, JAYNE 25 WEST FLAGLER STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABESS, LEONARD L JR 25 WEST FLAGLER STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ABESS, ASHLEY 28 W FLAGLER ST MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Leonard Abess* 4/18/06 305-571-857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #