2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # N0300000438 1. Entity Name ALBERT SHAPIRO FUND, INC.							032 ****	61.25
Principal Place of Business Mailing Address 100 SURNRISE AVENUE, PH #1 PALM BEACH, FL 33480 Mailing Address 100 SURNRISE AVENUE, PH #1 PALM BEACH, FL 33480								
2. Principal Place of Business 3. M.		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052005 Cr	ng-NP	CR2E0	37 (10/03)	
City & State		City & State		4. FEI Number 30-014590	9		<u> </u>	pplied For
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired		\$8.75 Add Fee Require	ditional
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New	Registered	Agent	
MORA AF	ВВАНАМ М		Name					
MORA, ABRAHAM M 777 SOUTH FLAGLER DRIVE SUITE 900-W			Street Addres	s (P.O. Box Number is N	(P.O. Box Number is Not Acceptable)			
WEST PALM BEACH, FL 33401								
`.			City	FL Zip Code				
8. The above the obligat	named entity submits this statement for tions of régistered agent.	the purpose of changing its reg	istered office or regis	stered agent, or both, in	the State of F	Florida. 1 am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Reg	gistered Agent signature requ	ared when reinstating)		DATE		
SIGNATURE		9. Election Campai Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees		Make chec	k payable t	
SIGNATURE	Signature, typed or printed name of registered agent as Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Campai Trust Fund Cont	ign Financing	\$5.00 May Be	Flo	Make chec orida Depar	rtment of S	tate
10.	Signature, hipped or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRI	9. Election Campai Trust Fund Cont	ign Financing tribution.	\$5.00 May Be Added to Fees	Flo	Make chec orida Depar	rtment of S	tate
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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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR