


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90008 009 ****61.25

DOCUMENT # N03000004171 1. Entity Name LEEZA GIBBONS MEMORY FOUNDATION, INC.					
Principal Place of Business 3060 BISCAYNE BLVD STE 908 MIAMI, FL 33137			Mailing Address 3060 BISCAYNE BLVD STE 908 MIAMI, FL 33137		
2. Principal Place of Business 3050 Biscayne Blvd. Suite, Apt. #, etc. Suite 908 City & State Miami, FL Zip 33137		3. Mailing Address 3050 Biscayne Blvd. Suite, Apt. #, etc. Suite 908 City & State Miami, FL Zip 33137		01212004 Chg-NP CR2E037 (10/03)	
4. FEI Number 56-2356697		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 HUYSMAN, JAMES 3060 BISCAYNE BLVD STE 908 MIAMI, FL 33137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3050 Biscayne Blvd. #908 City FL Zip Code		
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leeza Gibbons, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3050 Biscayne Blvd., #908 Miami, FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Philip Shenkman, Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12515 N. Kendall Dr., #314 Miami, FL 3186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suzanne Iza, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3050 Biscayne Blvd., #908 Miami, FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeffrey Steinberg, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3050 Biscayne Blvd., #908 Miami, FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Philip Shenkman</i> Philip Shenkman Treas 1/21/04 305-271-7580					