

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004171

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** LEEZA GIBBONS MEMORY FOUNDATION, INC.

**Current Principal Place of Business:**

3050 BISCAYNE BLVD  
STE 908  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

3050 BISCAYNE BLVD  
STE 908  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 56-2356697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUYSMAN, JAMES  
3050 BISCAYNE BLVD #908  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GIBBONS, LEEZA  
Address: 3050 BISCAYNE BLVD. #908  
City-St-Zip: MIAMI, FL 33137

Title: T ( ) Delete  
Name: SHENKMAN, PHILIP  
Address: 12515 N. KENDALL DR. #314  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete  
Name: IZA, SUZANNE  
Address: 3050 BISCAYNE BLVD. #908  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: STEINBERG, JEFFREY  
Address: 3050 BISCAYNE BLVD. #908  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEEZA GIBBONS

D

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date