

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 23, 2007
Secretary of State

DOCUMENT# N03000004171

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 (X) 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 Chapter 119, 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: PHILIP SHENKMAN

T

02/23/2007

Electronic Signature of Signing Officer or Director

Date