




**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000009937</b>			
1. Entity Name <b>MASHKIN FAMILY FOUNDATION, INC.</b>			
Principal Place of Business <b>5201 NW 2ND AVE, APT PHP BOCA RATON, FL 33431</b>	Mailing Address <b>5201 NW 2ND AVE, APT PHP BOCA RATON, FL 33431</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		03302007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>20-0432330</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			
<b>MASKIN, KAREN B DR 5201 NW 2ND AVE, APT PHP BOCA RATON, FL 33431</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASHKIN, KAREN B 5201 NW 2ND AVE, APT PHP BOCA RATON, FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHUSTER, MARTY S 5901 CAMINO DEL SOL, #307 BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLEMAN, GAYLE 17216 HAMPTON BLVD BOCA RATON, FL 334863013		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <b>Karen B Mashkin</b>		<b>4/8/07</b>	<b>561-994-0669</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>