## 2008 NOT-FOR-PROFIT CORPORATION **SANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N03000010977

1. Entity Name

ANTHONY AND EDITH COMPARATO FOUNDATION, INC.



Principal Place of Business

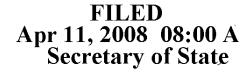
980 NORTH FEDERAL HWY

SUITE 400 BOCA RATON, FL. 33432 Mailing Address

980 NORTH FEDERAL HWY

SUITE 400

BOCA RATON, FL 33432





02192008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-0506759 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKATOFF, JEFFREY H 980 NORTH FEDERAL HWY SUITE 200

BOCA RATON, FL 33432

COMPARATO, THOMAS

MCLEAN, VA 22101

1320 OLD CHAIN BRIDGE RD, SUITE 400

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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BOCA RATON, FE 33432					
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered offic	e or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Sgnature, typed or printed name of registered agent and little if applicable. (NOTE-Registered Agent signature required when reinstating)  DATE					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000892157 04/23/08-80054-013 61.25	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMPARATO, ANTHONY 980 NORTH FEDERAL HWY, SUITE BOCA RATON, FL 33432	400			
THILE NAME STREET ADDRESS CITY-S1-ZIP	D COMPARATO, EDITH 980 NORTH FEDERAL HWY, SUITE BOCA RATPN, FL 33432	400			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, ROBERT 980 NORTH FEDERAL HWY, SUITE 400 BOCA RATON, FL 33432		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, JAMES 980 NORTH FEDERAL HWY, SUITE 200 BOCA RATON EL 33432				

I hereby certify that the information indicated on this report or suppler information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information 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 he 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 of the corporation changed, or on a

SIGNATURE