


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N04000000053 1. Entity Name THE WASERSTEIN FOUNDATION, INC.	
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Principal Place of Business 6001 NW 153RD STREET, SUITE 110 MIAMI LAKES, FL 33014	Mailing Address 6001 NW 153RD STREET, SUITE 110 MIAMI LAKES, FL 33014
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0527133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASERSTEIN, ALAN
6000 NW 153RD STREET, SUITE 110
MIAMI LAKES, FL 33014

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASERSTEIN, ALAN 6000 NW 153RD STREET, SUITE 110 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASERSTEIN, TRACI 6000 NW 153RD STREET, SUITE 110 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASERSTEIN, STEVE 6000 NW 153RD STREET, SUITE 110 MIAMI LAKES, FL 33014
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee 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 a similar one empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date _____ Daytime Phone # _____