

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004083

FILED
Jul 04, 2005
Secretary of State

Entity Name: THE JOSEPH SAMUEL ISICOFF MEMORIAL FUND, INC.

Current Principal Place of Business:

3495 NW NORTH RIVER DRIVE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3495 NW NORTH RIVER DRIVE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-1055878 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD 43RD FLOOR
MIAMI, FL 33131 US

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: ISICOFF, LAUREL M
Address: 3495 NW NORTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: ISICOFF, STEVEN
Address: 3495 NW NORTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: ISICOFF, ERIC
Address: 1101 BRICKELL AVE STE 704
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: FEILER, JEFFREY
Address: 7685 SW 104TH STREET STE 200
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: ULLMAN, SAMUEL C
Address: 200 S BISCAYNE BLVD STE 4000
City-St-Zip: MIAMI, FL 33131

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:

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: LAUREL M. ISICOFF

D

07/04/2005

Electronic Signature of Signing Officer or Director

Date