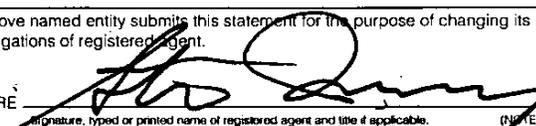
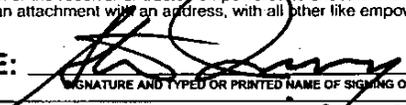


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90031 028 ****61.25

DOCUMENT # N04000004083					
1. Entity Name THE JOSEPH SAMUEL ISICOFF MEMORIAL FUND, INC.					
Principal Place of Business 3495 NW NORTH RIVER DRIVE MIAMI, FL 33142			Mailing Address		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1055878	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD 43RD FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: <u>Steven Isicoff</u> Street: <u>3495 NW NORTH RIVER DRIVE</u> City: <u>MIAMI, FL 33142</u> <u>FL</u> Zip: <u>33142</u>		
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: 		Steven Isicoff, 2/03/06 DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISICOFF, LAUREL M		NAME	Lucy Zelman	
STREET ADDRESS	3495 NW NORTH RIVER DRIVE		STREET ADDRESS	11440 SW 102ct	
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISICOFF, STEVEN		NAME	Allen Singer	
STREET ADDRESS	3495 NW NORTH RIVER DRIVE		STREET ADDRESS	9150 SW 87 Ave, Suite 108	
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISICOFF, ERIC		NAME		
STREET ADDRESS	1101 BRICKELL AVE STE 704		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEILER, JEFFREY		NAME		
STREET ADDRESS	7685 SW 104TH STREET STE 200		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULLMAN, SAMUEL C		NAME		
STREET ADDRESS	200 S BISCAYNE BLVD STE 4000		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		305-345-6421		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Steven Isicoff, Pres. & Director					

60015796



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