


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

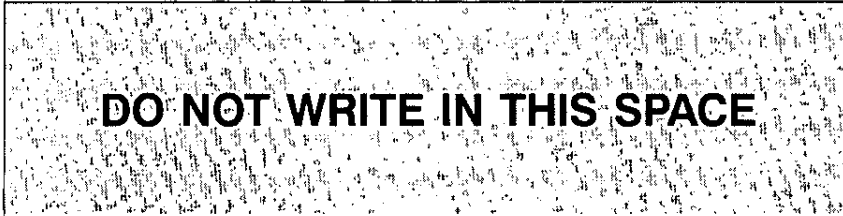
FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000005346

1. Entity Name
THE AGATSTON FAMILY FOUNDATION, INC.



Principal Place of Business 1691 MICHIGAN AVE. SUITE 500 MIAMI BEACH, FL 33139	Mailing Address 1691 MICHIGAN AVE. SUITE 500 MIAMI BEACH, FL 33139
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04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1314182	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEVLIN, TIMOTHY R CPA
 DASZKAL BOLTON, LLP
 2401 NW BOCA RATON BLVD
 BOCA RATON, FL 33431**



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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

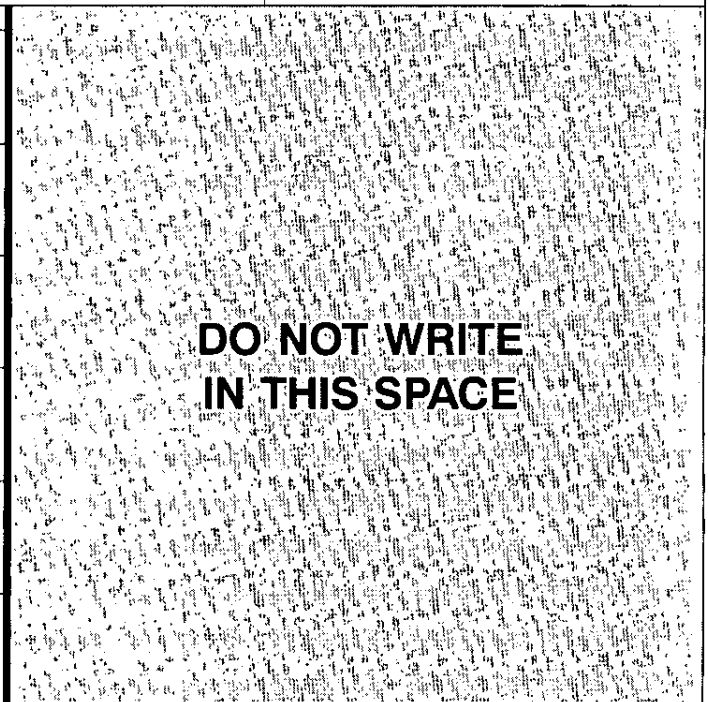
**Filing Fee is \$61.25/
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000947197
 06/02/08-80004-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGATSTON, ARTHUR S 1691 MICHIGAN AVE. SUITE 500 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGATSTON, SARI 1691 MICHIGAN AVE. SUITE 500 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  **Arthur Agatston** 4/30
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #