2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# N04000012130

Entity Name: ESSERMAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

10455 N.W. 12TH STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10455 N.W. 12TH STREET
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-2074738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NELSON, BARRY A ESQ.
NELSON & LEVINE, P.A.
2775 SUNNY ISLES BLVD., SUITE 118
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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: PVD ( ) Delete
Name: ESSERMAN, RONALD
Address: 10455 N.W. 12TH STREET
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: ESSERMAN, CHARLENE
Address: 10455 N.W. 12TH STREET
City-St-Zip: MIAMI, FL 33172

Title: ST ( ) Delete
Name: HOCTOR, JOHN W
Address: 10455 N.W. 12TH STREET
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: ESSERMAN, JAMES N
Address: 10455 N.W. 12TH STREET
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: ESSERMAN, LAURA J
Address: 10455 N.W. 12TH STREET
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: ESSERMAN, LISA E
Address: 10455 N.W. 12TH STREET
City-St-Zip: MIAMI, FL 33172

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RONALD ESSERMAN PVD 03/06/2008

Electronic Signature of Signing Officer or Director — Date