2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003554

FILED Apr 26, 2005 Secretary of State

Entity Name: THE AARON I. FLEISCHMAN FOUNDATION INC.

Current Principal Place of Business: New Principal Place of Business: 1 SE THIRD AVE 28TH FLOOR 2699 SOUTH BAYSHORE DRIVE MIAMI, FL 33131 SUITE 500 MIAMI, FL 33133 US **Current Mailing Address:** New Mailing Address: 1 SE THIRD AVE 28TH FLOOR 2699 SOUTH BAYSHORE DRIVE MIAMI, FL 33131 SUITE 500 MIAMI, FL 33133 US FEI Number: 30-0265819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMERICAN INFORMATION SERVICES INC STONE, ROBERT A MR. 1 SE THIRD AVE SUITE 2800 2699 SOUTH BAYSHORE DRIVE MIAMI, FL 33131 SUITE 500 MIAMI, FL 33133 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: ROBERT A. STONE 04/26/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition FLEISCHMAN, AARON I MR. Name: Name: Address: Address: 5646 NORTH BAY ROAD City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33140 US Title: Title: () Change (X) Addition () Delete Name: Name: LOUGHEED, LINFORD L MR. Address: Address: 2699 SOUTH BAYSHORE DRIVE, SUITE 500 City-St-Zip: City-St-Zip: MIAMI, FL 33133 US Title: () Delete Title: D/SC () Change (X) Addition Name: STONE, ROBERT AMR. Name: 2699 SOUTH BAYSHORE DRIVE, SUITE 500 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33133 US

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: ROBERT A. STONE D/SC 04/26/2005