

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-11-2006 90245 014 ****61.25

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1st MOORE CR2E037 (10/05)

DOCUMENT # N05000010540					
1. Entity Name NATAN & LIDIA PEISACH FAMILY FOUNDATION, INC.					
Principal Place of Business C/O VISION ASSET MANAGEMENT, INC. 1180 E. HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009			Mailing Address C/O VISION ASSET MANAGEMENT, INC. 1180 E. HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-37 85 948	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE SUITE 2800 MIAMI FL 33131			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 fee if applicable (NOTE: Registered Agent signature required with recording) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME
	President	Alberto Peisach	588 Golden Beach Dr.		
		Golden Beach, FL 33160			
	Vice President	Monica Sasson	19484 39 Ave		
		N. Miami Bch, FL 33160			
	Secretary	Herbert Seizer	505 Park Ave		
		NY, NY 10022			
	Treasurer	Jaime Peisach	60 Terracina Ave		
		Golden Beach, FL 33160			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Monica Sasson			6/12/06 305-778-5857		