

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006343

FILED
Feb 02, 2007
Secretary of State

Entity Name: ROBERT SHELLEY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3735 NE 214TH STREET
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3735 NE 214TH STREET
AVENTURA, FL 33180

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, BARRY A ESQ.
2775 SUNNY ISLES BOULEVARD
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: P/D () Delete
Name: SHELLEY, ROBERT
Address: 3735 NE 214TH STREET
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: SHELLEY, LINDA
Address: 3735 NE 214TH STREET
City-St-Zip: AVENTURA, FL 33180

Title: T/D () Delete
Name: SHELLEY, JASON
Address: 3735 NE 214TH STREET
City-St-Zip: AVENTURA, FL 33180

Title: S/D () Delete
Name: ISICOFF, LAUREL
Address: 3735 NE 214TH STREET
City-St-Zip: AVENTURA, FL 33180

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT SHELLEY

DIR

02/02/2007

Electronic Signature of Signing Officer or Director

Date