


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06819</b> 1. Entity Name <b>THE LURIA FAMILY FOUNDATION, INC.</b>	
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Principal Place of Business <b>7744 FISHER ISLAND DR. FISHER ISLAND, FL 33109 US</b>	Mailing Address <b>7774 FISHER ISLAND DR. FISHER ISLAND, FL 33109 US</b>
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01182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2477088</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LURIA, LEONARD 7774 FISHER ISLAND DR. FISHER ISLAND, FL 33109</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS		
TITLE	DPT	
NAME	LURIA, LEONARD	
STREET ADDRESS	7774 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND, FL	
TITLE	DVS	
NAME	LURIA, GLORIA	
STREET ADDRESS	7774 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND, FL	
TITLE	D	
NAME	LURIA, PETER	
STREET ADDRESS	1800 WEST 23 ST.	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	D	
NAME	LURIA, HENRY	
STREET ADDRESS	3595 ST. GARDENS RD.	
CITY-ST-ZIP	COCONUT GROVE, FL	
TITLE	D	
NAME	LURIA-COHEN, NANCY	
STREET ADDRESS	1415 N VIEW DR SUNSET ISLAND #1	
CITY-ST-ZIP	MIAMI BCH, FL 33140	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000396373  
01/30/06-80008-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Leonard Luria Pres 1/18/06 305 534 9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #