

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90032 008 \*\*\*\*61.25

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<b>DOCUMENT # N06819</b>					
1. Entity Name THE LURIA FAMILY FOUNDATION, INC.					
Principal Place of Business 7744 FISHER ISLAND DR. FISHER ISLAND, FL 33109 US			Mailing Address 7774 FISHER ISLAND DR. FISHER ISLAND, FL 33109 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02022007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2477088	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LURIA, LEONARD 7774 FISHER ISLAND DR. FISHER ISLAND, FL 33109			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LURIA, LEONARD		NAME		
STREET ADDRESS	7774 FISHER ISLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FISHER ISLAND, FL		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LURIA, GLORIA		NAME		
STREET ADDRESS	7774 FISHER ISLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FISHER ISLAND, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LURIA, PETER		NAME		
STREET ADDRESS	1800 WEST 23 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LURIA, HENRY		NAME		
STREET ADDRESS	3595 ST. GARDENS RD.		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LURIA-COHEN, NANCY		NAME		
STREET ADDRESS	1415 N VIEW DR SUNSET ISLAND #1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH, FL 33140		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Leonard Luria Director</i>		2/11/07		305 534 9500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	