

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005400

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** EDWARD A. ASTOR, SR. FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

C/O EDWARD A. ASTOR, SR.  
2681 NE 191 STREET  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O EDWARD A. ASTOR, SR.  
2681 NE 191 STREET  
AVENTURA, FL 33180 US

**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:**

DANIELS, NICHOLAS M ESQ  
C/O THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVE, SUITE 2950  
MIAMI, FL 33131 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: D  
Name: ASTOR, EDWARD A SR.  
Address: 2681 N.E. 191 STREET  
City-St-Zip: AVENTURA, FL 33180 US

Title: D  
Name: ASTOR, ANN T  
Address: 4000 TOWERSIDE TERRACE, APT PH-3  
City-St-Zip: MIAMI, FL 33138 US

Title: D  
Name: ASTOR, MARY J  
Address: 2681 N.E. 191 STREET  
City-St-Zip: AVENTURA, FL 33180 US

I hereby 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 all other like empowered.

SIGNATURE: MARY J ASTOR

D

03/25/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date