2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17425

FILED Jul 07, 2004 Secretary of State

Entity Name: THE JAHARIS FAMILY FOUNDATION, INC.

O 1 D-	in sin al Diago	f Dusinssa	Name Daine aim	al Place of Pusiness	
Current Pi	rincipal Place o	T Business:	New Princip	al Place of Business:	
1001 BRIC 25TH FLO	KELL BAY DRIV OR	Έ			
MIAMI, FL					
Current Mailing Address:			New Mailing	New Mailing Address:	
1001 BRICKELL BAY DRIVE 25TH FLOOR MIAMI, FL 33131 US			C/O STEVEN	C/O STEVEN K. ARONOFF, PC 475 PARK AVE. SO., 23RD FL NEW YORK, NY 10016 US	
FEI Number:	59-2751110	FEI Number Applied For ()	FEI Number Not Applica	able () Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and A	ddress of New Registered Agent:	
25TH FLO	KELL BAY DRIV	E			
	named entity su of Florida.	bmits this statement for the pu	urpose of changing its	registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic	Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () D JAHARIS, MICHAI 1001 BRICKELL I MIAMI, FL 33131		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D ARONOFF, STEV 500 EAST 83RD S NEW YORK, NY	EN K STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D JAHARIS, STEVE 2800 LAKE SHOR CHICAGO, IL 600	N, EE DR 2316	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PVT () Delete JAHARIS, KATHRYN 110 RIVERSIDE DR., PH A D: NEW YORK, NY 10024		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () D JAHARIS, KATHR 110 RIVERSIDE I NEW YORK, NY	YN DR., PH A	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHRYN JAHARIS PRES 07/07/2004