


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90246 035 \*\*\*\*61.25

<b>DOCUMENT # N17425</b>		
1. Entity Name <b>THE JAHARIS FAMILY FOUNDATION, INC.</b>		

**40064966**



03102005 Chg-NP CR2E037 (10/03)

Principal Place of Business <b>1001 BRICKELL BAY DRIVE 25TH FLOOR MIAMI, FL 33131 US</b>		Mailing Address <b>C/O STEVEN K. ARONOFF, PC 475 PARK AVE. SO., 23RD FL NEW YORK, NY 10016 US</b>	
2. Principal Place of Business <b>2200 N. Commerce Parkway</b>		3. Mailing Address <b>2200 N. Commerce Parkway</b>	
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc. <b>Suite 300</b>	
City & State <b>Weston, Florida</b>		City & State <b>Weston, Florida</b>	
Zip <b>33326</b>	Country <b>U.S.A.</b>	Zip <b>33326</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-2751110</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>JAHARIS, MICHAEL 1001 BRICKELL BAY DRIVE 25TH FLOOR MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Juan Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>2200 N. Commerce Parkway</b> <b>Suite 300</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33326</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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 NAME STREET ADDRESS CITY-ST-ZIP	D JAHARIS, MICHAEL 1001 BRICKELL BAY DRIVE, 25TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jaharis, Michael 2200 N. Commerce Parkway, Ste. 300 Weston, Florida 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARONOFF, STEVEN K 500 EAST 83RD STREET NEW YORK, NY 10028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aronoff, Steven K. 2200 N. Commerce Parkway, Ste. 300 Weston, Florida 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAHARIS, STEVEN 2800 LAKE SHORE DR 2316 CHICAGO, IL 60657 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jaharis, Steven 2200 N. Commerce Parkway, Ste. 300 Weston, Florida 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT JAHARIS, KATHRYN 110 RIVERSIDE DR., PH A NEW YORK, NY 10024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT Jaharis, Kathryn 2200 N. Commerce Parkway, Ste. 300 Weston, Florida 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAHARIS, KATHRYN 110 RIVERSIDE DR., PH A NEW YORK, NY 10024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jaharis, Kathryn 2200 N. Commerce Parkway, Ste. 300 Weston, Florida 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kathryn Jaharis**

Date

Daytime Phone #

**(954) 331-3811**