2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# N27096

Entity Name: LIFSHUTZ FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O DAVID LIFSHULTZ
2498 PRAIRIE AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

C/O DAVID LIFSHULTZ
2498 PRAIRIE AVENUE
MIAMI BEACH, FL 33140

New Mailing Address:

C/O MARTIN LIFSHUTZ
4202 BEDFORD AVENUE
BROOKLYN, NY 11229

FEI Number: 65-0058601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LIFSHULTZ, DAVID
2498 PRAIRIE AVENUE
MIAMI BEACH, FL 33140 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:	P	( ) Delete
Name:	LIFSHULTZ, DAVID,	
Address:	2498 PRAIRIE AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	VD	( ) Delete
Name:	LIFSHULTZ, DANIEL,	
Address:	2498 PRAIRIE AVE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	VD	( ) Delete
Name:	MARKELL, JUDY,	
Address:	17240 NE 12 AVE.	
City-St-Zip:	NORTH MIAMI BEACH, FL 33162	
Title:	S	( ) Delete
Name:	LIFSHULTZ, SHAYNA,	
Address:	2498 PRAIRIE AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	D	( ) Delete
Name:	HAROLD LIFSHUTZ,	
Address:	41 CHATHAM ROAD	
City-St-Zip:	NEW ROCHELLE, NY 10804 25	
Title:	O	( ) Delete
Name:	MARTIN LIFSHUTZ,	
Address:	2177 BROWN STREET	
City-St-Zip:	BROOKLYN, NY 11229	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARTIN LIFSHUTZ O 07/09/2008

Electronic Signature of Signing Officer or Director — Date