


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N38165**

1. Entity Name  
**THE LEESFIELD FAMILY CHARITABLE FOUNDATION, INC.**



Principal Place of Business      Mailing Address

**2350 S. DIXIE HIGHWAY  
MIAMI, FL 33133**      **2350 S. DIXIE HIGHWAY  
MIAMI, FL 33133**

**DO NOT WRITE IN THIS SPACE**



02072006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**65-0205711**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEESFIELD, IRA H.  
2350 S. DIXIE HIGHWAY  
MIAMI, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS.**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPT LEESFIELD, IRA H. 2350 S. DIXIE HWY. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVS LEESFIELD, CYNTHIA 2350 S. DIXIE HWY. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEESFIELD, JENNIFER 2350 S. DIXIE HWY MIAMI, FL
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1000001427881  
02/21/06-80026-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *Ira H. Leesfield*      Date: 2/7/06      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR