

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N40590

1. Entity Name
THE RESS FAMILY FOUNDATION, INC.



Principal Place of Business
**12000 BISCAYNE BLVD., #217
NORTH MIAMI, FL 33181**

Mailing Address
**12000 BISCAYNE BLVD., #217
NORTH MIAMI, FL 33181**



01282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-6061448

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RESS, LEWIS M
12000 BISCAYNE BLVD., #217
NORTH MIAMI, FL 33181**

**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

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

001000215534
02/05/05-80052-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	RESS, LEWIS M.
STREET ADDRESS	1000 ISLAND BLVD.
CITY-ST-ZIP	AVENTURA, FL
TITLE	SD
NAME	RESS, ESTA B.
STREET ADDRESS	1000 ISLAND BLVD.
CITY-ST-ZIP	AVENTURA, FL
TITLE	CD
NAME	RESS, ANDREW M M.D.
STREET ADDRESS	1000 ISLAND BLVD.
CITY-ST-ZIP	AVENTURA, FL
TITLE	PD
NAME	RESS, BRADFFORD D
STREET ADDRESS	1000 ISLAND BLVD.
CITY-ST-ZIP	AVENTURA, FL
TITLE	V
NAME	RESS, ELVIRA A
STREET ADDRESS	1000 ISLAND BLVD
CITY-ST-ZIP	AVENTURA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #

2/1/05

305-981-5506