



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N40590 1. Entity Name THE RESS FAMILY FOUNDATION, INC.	
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Principal Place of Business 12000 BISCAYNE BLVD., #217 NORTH MIAMI, FL 33181	Mailing Address 12000 BISCAYNE BLVD., #217 NORTH MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE



07042006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-6061448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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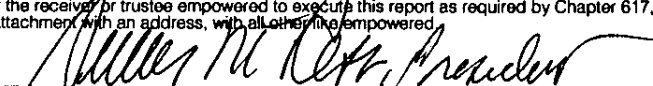
10. OFFICERS AND DIRECTORS

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

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07/07/06-80013-016 61.25

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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:  **7/5/06** **305-981-5506**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #