


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90046 038 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01152008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-6061448	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RESS, LEWIS M 12000 BISCAYNE BLVD., #217 NORTH MIAMI, FL 33181				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 15, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RESS, LEWIS M.		NAME		
STREET ADDRESS	1000 ISLAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RESS, ESTA B.		NAME		
STREET ADDRESS	1000 ISLAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RESS, ANDREW M M.D.		NAME		
STREET ADDRESS	1000 ISLAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RESS, BRADFFORD D		NAME		
STREET ADDRESS	1000 ISLAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RESS, ELVIRA A		NAME		
STREET ADDRESS	1000 ISLAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 title empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/21/08 305-981-5506 <small>Date Daytime Phone #</small>		