2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N40590

Entity Name: THE RESS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

12000 BISCAYNE BLVD., #217
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12000 BISCAYNE BLVD., #217
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-6061448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESS, LEWIS M
12000 BISCAYNE BLVD., #217
NORTH MIAMI, FL 33181 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: TD ( ) Delete
Name: RESS, LEWIS M.,
Address: 1000 ISLAND BLVD.
City-St-Zip: AVENTURA, FL

Title: SD ( ) Delete
Name: RESS, ESTA B.,
Address: 1000 ISLAND BLVD.
City-St-Zip: AVENTURA, FL

Title: CD ( ) Delete
Name: RESS, ANDREW M M.D.
Address: 1000 ISLAND BLVD.
City-St-Zip: AVENTURA, FL

Title: PD ( ) Delete
Name: RESS, BRADFFORD D
Address: 1000 ISLAND BLVD.
City-St-Zip: AVENTURA, FL

Title: V ( ) Delete
Name: RESS, ELVIRA A
Address: 1000 ISLAND BLVD
City-St-Zip: AVENTURA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: RESS, LEWIS M.,
Address: 2600 ISLAND BLVD., APT. 2901
City-St-Zip: AVENTURA, FL 33160

Title: SD (X) Change ( ) Addition
Name: RESS, ESTA B.,
Address: 2600 ISLAND BLVD., APT. 2901
City-St-Zip: AVENTURA, FL 33160

Title: CD (X) Change ( ) Addition
Name: RESS, ANDREW M M.D.
Address: 2600 ISLAND BLVD., APT. 2901
City-St-Zip: AVENTURA, FL 33160

Title: PD (X) Change ( ) Addition
Name: RESS, BRADFFORD D
Address: 2600 ISLAND BLVD., APT. 2901
City-St-Zip: AVENTURA, FL

Title: V (X) Change ( ) Addition
Name: RESS, ELVIRA A
Address: 2600 ISLAND BLVD., APT. 2901
City-St-Zip: AVENTURA, FL 33160

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: LEWIS M. RESS TD 02/25/2009

Electronic Signature of Signing Officer or Director — Date