


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N47502 1. Entity Name THE KISLAK FAMILY FUND, INC.	
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Principal Place of Business 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	Mailing Address 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
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DO NOT WRITE IN THIS SPACE

01102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0350930	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

**KISLAK, JAY I
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES, FL 33016**

**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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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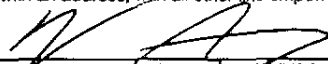
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KISLAK, JAY I 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KISLAK, JEAN 720 NE 69TH ST MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISLAK, PAULA 3482 VISTA HAVEN ROAD SHERMAN OAKS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS KISLAK, PHILIP T 5180 NORTH SOLDIER TRAIL TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARTELMO, THOMAS 7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/04-80045-024 61.25

**DO NOT WRITE
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:  **02/11/2004** **305-364-4106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS BARTELMO, TREASURER