

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

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N47502**

**1. Entity Name**  
**THE KISLAK FAMILY FUND, INC.**



**Principal Place of Business**  
**7900 MIAMI LAKES DRIVE WEST**  
**MIAMI LAKES, FL 33016**

**Mailing Address**  
**7900 MIAMI LAKES DRIVE WEST**  
**MIAMI LAKES, FL 33016**

**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> <b>65-0350930</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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**

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**

U00000940770

04/28/05-80130-004 61.25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>KISLAK, JAY I</b>
<b>STREET ADDRESS</b>	<b>7900 MIAMI LAKES DRIVE WEST</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI LAKES, FL 33016</b>

<b>TITLE</b>	<b>DS</b>
<b>NAME</b>	<b>KISLAK, JEAN</b>
<b>STREET ADDRESS</b>	<b>720 NE 69TH ST</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33138</b>

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>KISLAK, PAULA</b>
<b>STREET ADDRESS</b>	<b>3482 VISTA HAVEN ROAD</b>
<b>CITY-ST-ZIP</b>	<b>SHERMAN OAKS, CA</b>

<b>TITLE</b>	<b>DAS</b>
<b>NAME</b>	<b>KISLAK, PHILIP T</b>
<b>STREET ADDRESS</b>	<b>5180 NORTH SOLDIER TRAIL</b>
<b>CITY-ST-ZIP</b>	<b>TUCSON, AZ</b>

<b>TITLE</b>	<b>T</b>
<b>NAME</b>	<b>BARTELMO, THOMAS</b>
<b>STREET ADDRESS</b>	<b>7900 MIAMI LAKES DR. W.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI LAKES, FL 33016</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/05 (305) 364-4456