


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N48122	
1. Entity Name JONATHAN D. LEWIS FOUNDATION, INC.	

Principal Place of Business 4649 PONCE DELEON BLVD STE 304 CORAL GABLES, FL 33146 US	Mailing Address 4649 PONCE DELEON BLVD STE 304 CORAL GABLES, FL 33146 US
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01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0330579	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

CORPORATION COMPANY OF MIAMI, INC.
201 S BISCAYNE BLVD
SUITE 1800
MIAMI, FL 33131

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1100000418314
02/14/06-80027-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JONATHAN D 4649 PONCE DE LEON BLVD #304 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARES, MARIA R 4649 PONCE DE LEON BLVD #304 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA VEGA, DANIA B 4649 PONCE DE LEON BLVD #304 MIAMI, FL 331463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, BRUCE 201 SO BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22, 2006 Date 305 669-8990 Daytime Phone #