


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # N93000001040</b>	
1. Entity Name <b>THE HOWARD GREENFIELD FOUNDATION, INC.</b>	

Principal Place of Business <b>5920 SOUTHWEST 36TH TERRACE FORT LAUDERDALE, FL 33312</b>	Mailing Address <b>5920 SOUTHWEST 36TH TERRACE FORT LAUDERDALE, FL 33312</b>
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02222005 No Chg-NP CR2E037 (10/03)

4. FCI Number <b>65-0406371</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS INC.  
1500 SAN REMO AVENUE  
SUITE 125  
CORAL GABLES, FL 33146**

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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 installing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D GREENFIELD, HOWARD 5920 SOUTHWEST 36TH TERRACE FORT LAUDERDALE, FL 33312</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D REEVES, MARGARET 20936 BAY COURT SUITE 322 NORTH MIAMI BEACH, FL 33180</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D COMBS, WESLEY 3815 CALVERT STREET NORTHWEST WASHINGTON, DC 20007</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D KHANER, NEIL 4 WEST 39TH STREET BALTIMORE, MD 21218</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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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