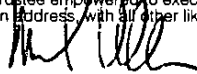


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90106 023 ****61.25

DOCUMENT # N94000002465			
1. Entity Name CHARLES S. AND SYLVIA WILLNER FAMILY FOUNDATION, INC.			
Principal Place of Business 19333 W COUNTRY CLUB DR. APT. #1203 MIAMI, FL 33180-2536		Mailing Address 19333 W COUNTRY CLUB DR. APT. #1203 MIAMI, FL 33180-2536	
2. Principal Place of Business - No P.O. Box # 19500 TURNBERRY WAY		3. Mailing Address 19500 TURNBERRY WAY	
Suite, Apt. #, etc. 11-A		Suite, Apt. #, etc. 11-A	
City & State AVENTURA, FL.		City & State AVENTURA, FL.	
Zip 33180		Country	
Zip 33180		Country	
4. FEI Number 65-0530785		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 FISHER, MICHAEL 13154 SPRING LAKE DR. FORT LAUDERDALE, FL 33330		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTM WILLNER, SYLVIA 19333 W COUNTRY CLUB DR., #1203 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19500 TURNBERRY WAY # 11-A AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLNER, MORRIS 19333 W COUNTRY CLUB DR., #1203 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19500 TURNBERRY WAY # 11-A AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLNER, GEORGE 19333 W COUNTRY CLUB DR., #1203 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19500 TURNBERRY WAY # 11-A AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: 		Date 4-21-08 Daytime Phone # (25) 931-7469	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	