

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

**FILED**

**Apr 26, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # N96000003476**

1. Entity Name  
**FINK FAMILY FOUNDATION, INC.**



Principal Place of Business  
**10 EDGEWATER DR  
16C  
CORAL GABLES, FL 33133 US**

Mailing Address  
**10 EDGEWATER DR  
16C  
CORAL GABLES, FL 33133 US**



04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**31-1471329** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**M & W AGENTS, INC.  
2101 CORPORATE BLVD  
ST E107  
BOCA RATON, FL 33431**

**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, 2004**

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

**U000000132587  
04/27/04-80053-014 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FINK, RENEE  
10 EDGEWATER DR APT 16C  
CORAL GABLES, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FINK, KENNETH  
555 N.E. 34 STREET APT 2609  
MIAMI, FL 33147**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FINK, JEFFREY  
14218 SW 84 ST  
MIAMI, FL 33183**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FINK, BRIAN  
2130 REGATTA AVE  
MIAMI BEACH, FL 33140**

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 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: *Renee Fink (Renee Fink)* April 23, 2004 305-668-05**