


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000006495</b> 1. Entity Name MAX & PEARL ANN MARCO FAMILY FOUNDATION, INC.	
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Principal Place of Business 7000 ISLAND BLVD. #2402 MIAMI, FL 33160	Mailing Address 7000 ISLAND BLVD. #2402 MIAMI, FL 33160
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**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0713646	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MARCO, MAX  
7000 ISLAND BLVD  
#2402  
MIAMI, FL 33160

**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 \_\_\_\_\_ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000157229 05/06/04-80018-001 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCO, MAX 7000 ISLAND BLVD., #2402 MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCO, PEARL A 7000 ISLAND BLVD., #2402 MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCO, DAVID 9 ISABELLA WAY DEMAREST, NJ 07627
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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:  4/28/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #